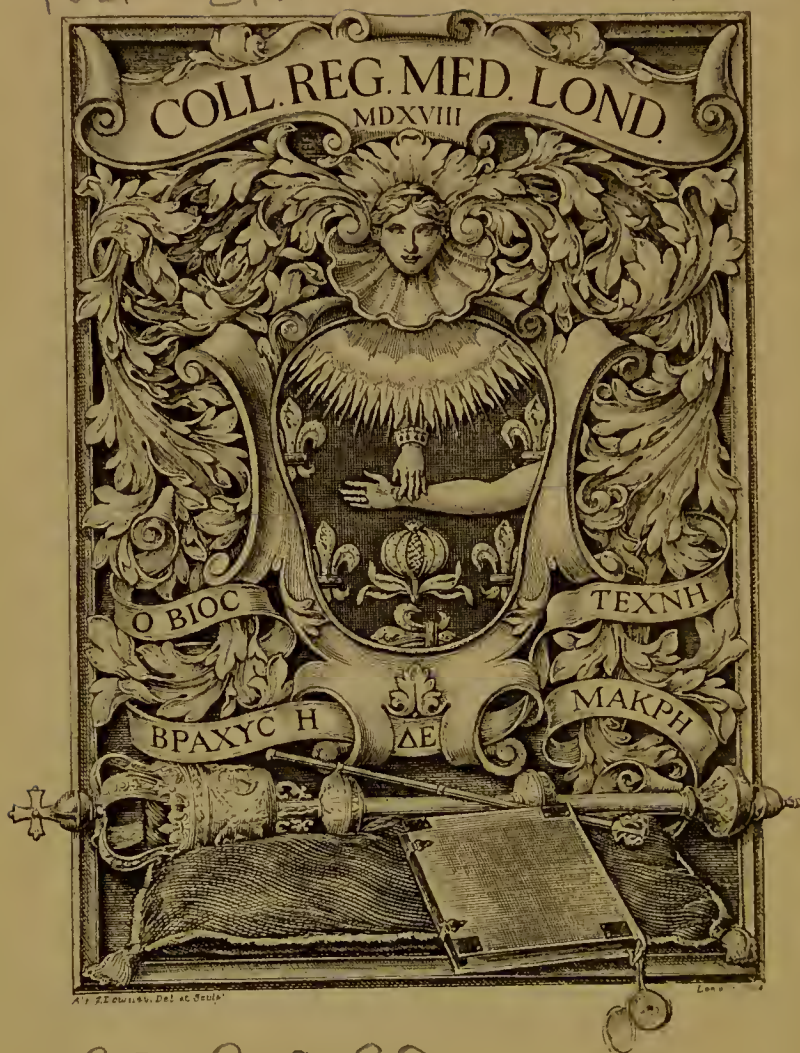


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THE PRESIDENTS OF THE
ROYAL MEDICAL
AND CHIRURGICAL SOCIETY-

FROM 1805 TO 1905

BY

NORMAN MOORE, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS



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THE PRESIDENTS OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE Society since its foundation as the Medico-Chirurgical Society in 1805 has had fifty presidents. The first four were physicians, and were succeeded by a surgeon, and since his time a physician and a surgeon have been alternately elected.

I.—1805.

The first president was WILLIAM SAUNDERS, a Doctor of Medicine of Edinburgh, a Fellow of the College of Physicians of London, and physician to Guy's Hospital. He took his degree at the time of the controversy on the nature of the Endemial Colic of Devonshire which arose upon the observations of Sir George Baker, who showed that the disease existed where cider was made in leaden vats and was absent where the same liquor was made in wooden vats, and thus established the conclusion that the local disease had a preventible cause, and so led to its prevention as well as to a great increase of knowledge of the poisonous effects of lead. A great many pamphlets were written on the subject, and Dr. Saunders, who had learned all the chemistry of the time at Edinburgh, defended the views of Baker in

“A Letter to Dr. Baker on the Endemial Colic of Devonshire” (1767): and

“An Answer to Geach and Alcock on the Endemial Colic of Devonshire” (1768).

The discussion established the soundness of the conclusions of Baker; they were universally accepted, and cases of disease due to lead poisoning were greatly diminished in number at once, while further diminution has been the result of continued observation in the same direction. Dr. Saunders, who had worked at some of the chemical experiments of Baker, became a friend of that learned and generous physician, who helped his progress in his profession in several ways. He was, on Baker's recommendation, elected physician to Guy's Hospital in 1770, and on his nomination, Baker being then President, was elected a fellow of the College of Physicians in 1790.

Sir George Baker lived till 1809, so that he had the gratification of knowing of the election as President of the new Medical and Chirurgical Society of the able physician whom he had encouraged and aided at the beginning of his career in London.

It is interesting to consider how our first president is thus connected with one of the greatest periods of English literature and English science. Sir George Baker was famous at Eton for his classical attainments, and came to King's College, Cambridge, on the very day of the funeral of Richard Bentley, the greatest of English scholars and the friend of Sir Isaac Newton. There, said some of the learned men of Cambridge, stands a young man who may in the University continue the glory which Bentley has given it. The prediction was not fulfilled. Baker abandoned the critical study of Greek and Latin for the wider field of physic, though by helping Richard Porson to enter and to remain at the University he had a share in the production of a second classical luminary at Cambridge. It was the same generosity, a characteristic of his nature throughout life, which led him to do all he could to help the professional advancement of Dr. William Saunders:

and it is pleasant thus to connect, by never so slight a thread, our first president with the age of Bentley and of Newton.

Dr. Saunders was born at Banff, where his father was a physician, in 1743, and died at Enfield, after a retirement from practice of about three years, in 1817.

He had a large practice in the City of London, lectured on medicine at Guy's Hospital, and wrote treatises on the therapeutic use of antimony (1773), on the effect of mephitic acid as a solvent of calculi (1777), on the value of red Peruvian bark (1782), on diseases of the liver (1793), on the chief mineral waters (1800), and on the hepatitis of India (1809). His lectures on medicine are lucid and well arranged. A single passage will illustrate the difference between the general view of the subject taken at the time of the foundation of this Society and that prevalent at its centenary:—

“Many diseases which arise from specific contagions, as the small-pox, measles, etc., have a regular succession of symptoms and fixed periods of action : but to this there are so many exceptions and the progress of symptoms is so liable to interruption that we cannot lay down any precise rule, nor depend always on our simple plan of operations.

“Hippocrates and many other learned physicians have thought that critical days or periods might be accurately marked, from their regular and periodical returns, especially in acute diseases and even in the fevers of our own country. The critical days of continued fevers, are the 3rd, 5th, 7th, 9th, 11th, 14th, 17th, and 20th. The regular course of nature may be interrupted, accelerated, or retarded by various circumstances in the animal economy, as well as by injudicious practice.”¹

¹ MS. notes of his lectures made by James Perchard Tupper in 1795, In the library of the Society.

Dr. Saunders' portrait hangs in the entrance hall of the Royal College of Physicians.

II.—1808.

MATTHEW BAILLIE was the second President of the Society, and his is undoubtedly the greatest name in the list of the physicians who have filled the chair. His "*Morbid Anatomy of Diseases*" published in 1795 is one of the great books of English medicine, and though larger collections of facts have since been made, the excellence of its method entitles it to a place among those books which no real student of medicine will leave unread.

The *Sepulchretum* of Bonetus and other collections of post-mortem observations had long been before the medical world, and the justly celebrated work of Morgagni, "*De Sedibus et Causis Morborum*," contained histories of cases followed by accounts of the anatomical conditions found in the patients after death, but Baillie was the first medical writer to treat morbid anatomy as a subject by itself.

He describes, almost entirely from his own observations, the morbid appearances found in each organ of the body, and since he gives exact descriptions of what he saw, most of his descriptions remain of value in spite of the changes of pathological explanation which have taken place since his time.

He was the first to demonstrate the true nature of the large branching post-mortem clots found in the heart, and before his time known as "polypi of the heart," and he was also the first to distinguish common renal cysts on the surface of the kidney from hydatid cysts. In his chapter on "common tubercle of the liver" he shows that he had accurately defined cirrhosis of the liver, which up to his time had been classed with scirrhus tumours.

“One of the most common diseases in the liver, is the formation of tubercles in its substance. This disease is hardly ever met with in very young persons, but frequently takes place in persons of middle or advanced age : it is likewise more common in men than women. It is more apt to occur in those who have been accustomed to drink spirituous liquors, but it will likewise frequently take place in persons who have not indulged in this bad habit, and who have lived with general temperance.

“The tubercles which are formed in this disease occupy generally the whole mass of the liver, are placed very near each other, and are of a rounded shape. They give an appearance everywhere of irregularity to its surface. When cut into, they are found to consist of a brownish or yellowish white solid matter. They are sometimes of a very small size, so as not to be larger than the heads of large pins ; but most frequently they are as large as small hazel nuts, and many of them are sometimes larger. When the liver is thus tuberculated, it feels much harder to the touch than natural, and not uncommonly its lower edge is bent a little forward. Its size, however, is generally not larger than in a healthy state, and I think it is often smaller. If a section of the liver be made in this state, its vessels seem to have a smaller diameter than they have naturally. It very frequently happens that in this state the liver is of a yellow colour, arising from the bile accumulated in its substance ; and there is also water in the cavity of the abdomen, which is yellow from the mixture of bile. The gall-bladder is generally much contracted, and of a white colour, from its being empty. The bile, from the pressure of the hard liver upon the *pori biliarii*, does not reach the ductus hepaticus, and therefore cannot pass into the gall-bladder. The colour of the skin in such cases is jaundiced, and in general it remains per-

manently so, as it depends on a state of liver scarcely liable to change. This is the common appearance of what is generally called a scirrhus liver: but it bears only a remote resemblance to scirrhus, as it shows itself in other parts of the body. I should therefore be disposed to consider it as a peculiar disease affecting this viscus."

He gives good descriptions of simple ulcer of the stomach and of the intestinal ulcers of enteric fever, though he did not attain to a full knowledge of their pathology.

Matthew Baillie was born at Shotts in Lanarkshire, October 27, 1761. His mother was sister of two of the greatest of British anatomists, William and John Hunter, and his father became a professor in the University of Glasgow. Matthew's education was begun at the grammar school of Hamilton, continued at the University of Glasgow and at Balliol College, Oxford, and completed at William Hunter's house and museum in Windmill Street. He graduated M.D. at Oxford in 1789 and was elected a fellow of the College of Physicians in 1790. He was physician to St. George's Hospital from 1787 to 1799 and attained to a very large private practice. He died December 23, 1823, is buried at Duntisbourne in Gloucestershire, and has, as he so well deserves, a monument in Westminster Abbey.

III.—1810.

The third President, SIR HENRY HALFORD, was not, like the second, a great contributor to medical science, but he was the chief figure in the medical profession of his time—a man with some of the accomplishments of universities and some of those of courts, able to use skilfully the prevalent medical knowledge of his day, and so much consulted by the public, that he had little time left in

which to commit to writing the numerous observations which his great practice gave him the opportunity of making.

He was the second son of Dr. James Vaughan, a physician at Leicester, the third of whose sons became a judge in the Court of Common Pleas, the fourth Warden of Merton and Dean of Chester, and the sixth an ambassador. Two became Privy Councillors and three fellows of colleges at Oxford or at Cambridge, so that the family was accustomed to the atmosphere of success. Henry, in consequence of the death of his elder brother, succeeded to the estate of his grandmother's family and adopted their surname of Halford. He was born at Leicester, October 12, 1766, was educated at Rugby School, at Christ Church, Oxford, and at the University of Edinburgh, and graduated M.D. at Oxford in 1791. In the following year he settled in London and became a fellow of the College of Physicians in 1794. Before he had been in London a year he was appointed Physician-extraordinary to the King, and he rapidly attained a large private practice. He lived in the full sunshine of royal favour during the later years of George III. and the reigns of George IV. and William IV., and also enjoyed the approval of his medical contemporaries for he was chosen President of the Royal College of Physicians in each year from 1820 to 1844. He obtained from the Crown a grant of the land upon which the building of the College at present stands and to which it removed from within the city of London in 1825.

Sir Henry Halford was created a baronet in 1809 and was granted supporters and honourable augmentations to his arms. His portrait with the star of the Guelphic order on his coat was painted by Sir Thomas Lawrence and is in the College of Physicians, and it seems fitting that his honours and personal dignity should thus have

been recorded by the great court painter of that period. The extensive private practice to which Halford attained so early had the disadvantage of preventing him from enjoying that continuous professional study which is only to be attained in a hospital. He was physician to the Middlesex Hospital for seven years only, from 1793 to 1800. His works are two Latin Harveian orations and a few essays, the most interesting of which is "An account of what appeared on opening the coffin of King Charles I." The coffin was opened in the vault of St. George's Chapel Windsor, April 1, 1813, in the presence of the Prince Regent, the Duke of Cumberland, Count Münster, the Dean of Windsor, B. C. Stevenson and Sir H. Halford. The description is a good example of his style:—

"At length, the whole face was disengaged from its covering. The complexion of the skin of it was dark and discoloured. The forehead and temples had lost little or nothing of their muscular substance; the cartilage of the nose was gone; but the left eye, in the first moment of exposure, was open and full, though it vanished almost immediately: and the pointed beard, so characteristic of the period of the reign of King Charles, was perfect. The shape of the face was a long oval; many of the teeth remained; and the left ear, in consequence of the interposition of the unctuous matter between it and the cerecloth, was found entire.

"It was difficult, at this moment, to withhold a declaration, that, notwithstanding its disfigurement, the countenance did bear a strong resemblance to the coins, the busts, and especially to the pictures of King Charles I. by Vandyke, by which it has been made familiar to us. It is true, that the minds of the spectators of this interesting sight were well prepared to receive this impression; but it is also certain, that such a facility of belief had been

occasioned by the simplicity and truth of Mr. Herbert's Narrative, every part of which has been confirmed by the investigation, so far as it had advanced: and it will not be denied that the shape of the face, the forehead, an eye, and the beard, are the most important features by which resemblance is determined.

"When the head had been entirely disengaged from the attachments which confined it, it was found to be loose, and, without any difficulty, was taken up and held to view. It was quite wet, and gave a greenish red tinge to paper, and to linen, which touched it. The back part of the scalp was entirely perfect, and had a remarkably fresh appearance; the pores of the skin being more distinct, as they usually are when soaked in moisture; and the tendons and ligaments of the neck were of considerable substance and firmness. The hair was thick at the back part of the head, and, in appearance, nearly black. A portion of it which has since been cleaned and dried, is of a beautiful dark brown colour. That of the beard was a redder brown. On the back part of the head it was more than an inch in length, and had probably been cut so short for the convenience of the executioner, or perhaps by the piety of friends soon after death, in order to furnish memorials of the unhappy king.

"On holding up the head, to examine the place of separation from the body, the muscles of the neck had evidently retracted themselves considerably; and the fourth cervical vertebra was found to be cut through its substance transversely, leaving the surfaces of the divided portions perfectly smooth and even, an appearance which could have been produced only by a heavy blow, inflicted with a very sharp instrument, and which furnishes the last proof wanting to identify King Charles the First."

Halford died in his house in Curzon Street, March 9,

1844, and his biography was written a few years ago at the desire of Sir Andrew Clark by Dr. William Munk, a former fellow of this Society, who knew and admired him, and who sums up both the merits and the position in medical history of our third President in a statement of his reason for writing the book. "The object of these pages is to perpetuate the knowledge of so distinguished a physician, scholar, and member of society, and to rescue Sir Henry Hallford's memory from the oblivion into which it was fast falling."

IV.—1813.

SIR GILBERT BLANE, physician to St. Thomas's Hospital, the fourth president of this Society, owes his fame to work of a kind different from that of any of his three predecessors. He is remembered as the chief medical adviser of the Navy, and as the originator of important reforms in the diet of sailors and the prevention of disease in ships. James Lind in his "Treatise on the Scurvy," published in 1754, and in his subsequent writings, was the first thoroughly to investigate the diseases of seamen, and to point out how to prevent scurvy, the chief cause of mortality in ships, a mortality which exceeded that from wounds in time of war. Blane enforced in the Navy the principles of diet which Lind had first enunciated but which were not for many years accepted by the Admiralty. The shortening of voyages due to the introduction of steam, and the knowledge of ventilation and of the general principles of hygiene which have prevailed in later years, have made it difficult in our days to appreciate the enormous benefit which the enlightened proceedings of Blane conferred upon sailors throughout the world.

In a paper read before our Society (*Transactions*, vol. vi.)

Sir Gilbert Blane demonstrates the improvement which had taken place in the health of the Navy and the means by which this beneficial change had been produced.

Speaking of scurvy he says: "The Navy continued to suffer severely from this disease, till the order for a general supply of lemon-juice, twenty seven years ago. This salutary measure was accomplished by a representation from the Medical Board of the Navy in the year 1795, during the administration of Earl Spencer, from whose enlarged and benevolent mind everything was to be expected. One of the most impressive parts of their argument was built on the report of the effects of it in the *Suffolk* of 74 guns. This ship sailed from England on the second of April, 1794, and an experiment was made of supplying her with a quantity of lemon-juice, sufficient to serve out two-thirds of a liquid ounce every day, to every man on board. This was mixed with their grog along with two ounces of sugar. She was twenty-three weeks and one day on the passage, without having any communication with the land, and arrived in Madras road, on the 11th of September, without losing a man, with only fifteen men on the sick list, all slight cases, and none of them affected with the scurvy. This disease appeared in a few men in the course of the voyage, but soon disappeared on an increased dose of lemon-juice being administered. Let this fact be contrasted with the state of the Channel fleet in 1780 as described by Dr. Lind, . . . which was over-run with scurvy and fever, and unable to keep the sea, after a cruise of ten weeks only: and let the state of this fleet be again contrasted with that of the Channel fleet in 1800, . . . which by being duly supplied with lemon-juice, kept the sea for four months without fresh provisions, and without being affected with scurvy. It appears . . . that during nine years of war

preceding the general supply of lemon-juice, the annual average of sick sent to hospitals, was one in 3.9 of the whole men in the Navy, but that in the nine succeeding years, the proportion was one in 8.4. Other causes, particularly the improved methods by which fevers were diminished, contributed greatly to the decrease of sickness, so that it may be difficult to assign precisely what is due to lemon-juice. But what admits of no ambiguity, is that, ever since the year 1796, scurvy has almost disappeared from ships of war, and naval hospitals."

Sir Gilbert Blane was born at his father's house of Blanefield, Ayrshire, August 29, 1749. He studied in the Universities of Edinburgh and Glasgow, and graduated M.D. at Glasgow in 1778. He sailed as physician to Admiral Rodney in the West Indian expedition of 1779, and was present at six general engagements. After his return he was physician to St. Thomas's Hospital, London, 1783 to 1795. Blane's public services were rewarded by a baronetcy in 1812. He died June 26, 1834.

He was a licentiate of the Royal College of Physicians, and his portrait by Sir Martin Archer Shee is preserved in the College.

V.—1815.

HENRY CLINE was master of the College of Surgeons in 1815, the year in which he was elected president of our Society. He was one of the chief surgeons of his time and the first surgeon to occupy the chair. He was born in London in 1750, and after education at the Merchant Taylors' School was apprenticed to Thomas Smith, then surgeon to St. Thomas's Hospital. In 1774 he received his diploma, and in 1784, on the death of Smith, became surgeon to St. Thomas's Hospital where he held office till

1811. His pupils presented his bust by Chantrey to the hospital. One of them, Sir Astley Cooper, exceeded him in fame and in extent of practice, and was the next surgeon to preside over the Medical and Chirurgical Society.

Cline became president of the College of Surgeons in 1823 and died January 2, 1827. A splint which he designed with a support for the foot and an opening for the external malleolus is still remembered among surgeons, and a few years ago was in general use.

The "Diversions of Purley" of Horne Tooke as a treatise on language has fallen into deserved neglect, but its singular title will probably long preserve its memory among frequenters of libraries, and those who open it if they are induced to look further than the picture of Hermes which is the frontispiece may come upon a passage showing the friendship of the author for Cline, and thus indicating the social and political leanings for which he was well known in his own day.

"B.—What can you set up, in matter of language, against the decisive authority of such a writer as Horace?

"usus,

Quem penes arbitrium est et jus et norma loquendi."

"*Horne Tooke*.—I do not think him any authority whatever upon this occasion. He wrote divinely: and so Vestris danced. But do you think our dear and excellent friend, Mr. Cline, would not give us a more satisfactory account of the influence and action, the power and properties of the nerves and muscles by which he performed such wonders, than Vestris could? who, whilst he used them with such excellence, did not, perhaps, know he had them. In this our inquiry, my dear Sir, we are not poets nor dancers, but anatomists."

VI.—1817.

DR. WILLIAM BABINGTON was born, in 1756, at Portglenone, an ancient village on the broad and slow-flowing Ban, famous as a place of contest and of commercial transit between Ultonia and Ulidia, the greater and the lesser Ulster. He was first apothecary (1781) and then physician (1796) to Guy's Hospital, a career like that of Dr. Francis Bernard, a century before, at St. Bartholomew's. He graduated at Aberdeen in 1795, and in 1796 became a licentiate of the College of Physicians. He resigned his physicianship in 1811, and in 1827 was elected a fellow of the College of Physicians. He was one of the founders of the Geological Society, was its president in 1822, and published two books on Mineralogy, "A Systematic Arrangement of Minerals," and "A New System of Mineralogy": and he lectured on chemistry at Guy's Hospital. He published in our Transactions "A case of exposure to the vapour of burning charcoal" (vol. i.).

The greater part of his time was occupied by a large professional practice in the midst of which he was interrupted by an attack of influenza which proved fatal in four days. He died April 29, 1833. He is commemorated by a marble statue in the south transept of St. Paul's Cathedral. His son was also president of this Society, became physician to Guy's Hospital, and his daughter married Dr. Richard Bright, president of this Society in 1837, so that one household may be said to have included three presidents of the Royal Medical and Chirurgical Society. His "Outlines of a course of lectures on the Practice of Medicine as delivered in the Medical School of Guy's Hospital" by himself and James Curry, M.D. (London, 1802-6) are interesting as illustrating the pathology and therapeutics of his period:—

“ *Of Rheumatism.*

“ 375. A denomination of disease including affections which, though connected with, and often changing into each other, yet differ considerably both in their respective assemblage of symptoms and method of cure.

“ 376. Imperfectly described by Hippocrates, etc., under the ambiguous term of *ἀρθριτις*: first accurately discriminated by Ballonius, and by him called *rheumatismus*;—original meaning of the name.

“ 377. Most commonly distinguished into *acute*—and *chronic*:—often denominated also from the part affected, as Odontalgia,—Pleurodyne,—Lumbago,—Ischias.—Insufficiency of these distinctions shewn.—Another proposed, accordingly as the inflammation is—*a.* tonic,—*b.* atonic, or—*c.* absent; *a.* rheumatitis (acute rheumatism of authors)—*b.* rheumatagra (acute chronic rheumatism,—Scorbutic rheumatism of Sydenham,—Rheumatic Gout)—*c.* rheumatalgia (chronic rheumatism of authors,—Arthrodynia, Cullen).

“ 378. Character of Rheumatitis—Obtuse tensive pain, swelling, and redness, attacking the larger joints more especially,—proceeded or soon followed by Synocha fever (173),—generally accompanied by profuse partial sweats,—and often shifting its situation, with fresh exacerbations of fever:—lasting from two to several weeks, and then either going off entirely without desquamation, or changing to

“ 379. Rheumatagra; in which the joints last occupied by Rheumatitis, especially the ancles and knees, remain swelled, stiff, and painful, sometimes with Œdema, for many weeks, or even months,—the pain generally aggravated at night, or by external heat,—but attended with little or no pyrexia,—and not followed by any chalky concretions.

"380. Rheumatalgia, often after rheumatitis or rheumatagra, but frequently also without any previous inflammation or swelling, certain joints or muscles become affected with pain and stiffness, felt especially on motion,—often accompanied by spontaneous coldness and even paralytic torpor,—relieved by external warmth,—and much influenced by atmospheric changes.

"381. Predisposing Causes of Rheumatitis and Rheumatagra, (377-8)—Irritable and plethoric, or sanguineous habit; — period of life; — sex? — indolence, — changeable climate and season;—(*b*) preceding attacks of rheumatitis; — scorbutic (?) habit,—mercurial irritability.

"382. Exciting Causes;—Cold suddenly applied, especially when the body is overheated or fatigued;—certain unknown changes of atmosphere;—general febrile commotion however produced.—Syphilitic taint?

"383. Diagnosis, sometimes difficult between rheumatism and gout, not only from their general resemblance, but from their being frequently combined:—circumstances generally distinguishing them,—in patient's age,—sex,—condition and mode of life,—hereditary tendency, exciting cause,—mode of attack,—symptoms during the progress—and, termination of the complaint.—Rheumatic pains, how distinguished from syphilitic ones.—General character of rheumatic inflammation, and an examination of the humoral doctrine repeating it.

"384. Prognosis—in general favourable; but sometimes in rheumatitis, metastasis suddenly takes place to the brain, chest, or stomach, and proves quickly fatal:—instances of each of these.—Tendency to relapse.—Symptoms denoting a favourable termination.—Rheumatagra generally tedious and difficult of cure; and in scrophulous or rachitic habits, sometimes ends in a state of the joints very analogous to white swelling.

“ 385. Treatment of Rheumatitis,—Venesection; caution against the Boerhavian notion respecting it.—Leeches.—Blisters?—Purging;—different modes of proper, according to the period of the complaint, etc.—Diluents—Sudorifics? rules for their management.—Nitre? Digitalis.

“ 386. Treatment of Rheumatagra;—mild diaphoretics;—tepid bath;—local bleeding;—blisters;—tonic bitters as Cinchona;—Mist. Myrrhæ e Ferro, etc.;—diffusive stimulants, — Dec. Dulcamaræ? — Pil. Calomel : cum Antimonio. — Whey diet; — Sudatorium; — Douche; — Electricity? or Galvanic aura.—Salt brine.

“ 387. Treatment of Rheumatalgia;—Stimulant diaphoretics, e. gr. Guaiacum,—Ammonia;—Sim. Sinapeos,—Infus. Raph. rust;—Dec. Mezerei Rhododendron Chrysanthemum;—Pil. Plummeri;—Sulphur;—Ol. Terebinth, —Ol. Jecoris Asellii, etc.—*External remedies*:—Tepid and vapour bath; various epispastic, rubefacient, and stimulant plasters, liniments, and embrocations; Cabbage leaves.—Friction, Champooing;—Electricity,—Galvanic aura;—actual cautery,—Moxa.”

VII.—1819.

SIR ASTLEY PASTON COOPER, Bart., was born in Norfolk, where his father was a clergyman, August 23, 1768. His grandfather had been a surgeon at Norwich and his uncle was surgeon to Guy's Hospital. He was apprenticed to Henry Cline, and after study at Guy's, St. Thomas's, Edinburgh and Paris he became surgeon to Guy's Hospital in 1800. In 1804 he published the first part of his well-known treatise on hernia, in 1807 the second part, and in 1822 his work on “Dislocations and Fractures of the Joints.” He attained to the largest practice of any surgeon of his time, and his practice was not confined to

operations and consultations on surgical cases, for his opinion and treatment were often asked in cases of all kinds, and nearly every patient was impressed with the soundness of his advice. He was elected President of the College of Surgeons in 1827, and a second time in 1836. He died February 12, 1841, and was buried at Guy's Hospital. His statue stands in St. Paul's Cathedral, not far from that of Dr. Babington. He wrote several papers in the Transactions and was the first Treasurer of the Society. He drew his own professional character in a manuscript, which was discovered after his death, and has been printed by Sir Samuel Wilks.¹

"Sir A. Cooper was a good anatomist, but never was a good operator where delicacy was required. He felt too much before he began ever to make a perfect operator. Quickness of perception was his forte, for he saw the nature of disease in an instant, and often gave offence by pouncing at once upon his opinion. The same faculty made his prognosis good. He was a good anatomist of morbid as well as of natural structure. He had an excellent and useful memory. In imagination he was vivid. His principle in practice was never to suffer any who consulted him to quit him without giving them satisfaction on the nature and proper treatment of their case. My own success depended upon my zeal and industry, but for this I take no credit, as it was given to me from above."

VIII.—1821.

DR. JOHN COOKE, who was born in Lancashire in 1756, studied medicine at Guy's Hospital and afterwards at Edinburgh, and took the degree of M.D. at Leyden. The controversy on the safety or danger of using cinchona

¹ "A Biographical History of Guy's Hospital." London, 1892.

bark in a variety of circumstances which began with the introduction of that valuable drug in 1640 was not yet quite ended at the time of his graduation, and he read a thesis on the use of Peruvian bark in cases where there is no rise of temperature.

He was physician to the London Hospital from 1784 till 1807, and was the first person to deliver clinical lectures there. He was elected a fellow of the College of Physicians in 1807. He published (1820 to 1823) "*A Treatise on Nervous Diseases*," which sets forth all then known on diseases of the nervous system, a book worth reading and comparing with such a modern treatise as that of Sir William Gowers by those who desire to know how much progress medicine has made in the last hundred years. Apoplexy, hemiplegia, paraplegia, paralysis of separate nerves, epilepsy, lethargy and hydrocephalus are the diseases described. Cooke quotes the opinions of ancient and modern writers from Hippocrates to Bichat, and discusses them in the light of his own clinical experience, showing thorough acquaintance with every book he quotes.

The nature of the relation between apoplexy and hemiplegia was not clear to him, and he was uncertain whether the loss of speech which we call aphasia was due to impaired memory or to paralysis of the tongue.

He was uncertain whether Charles Bell's opinion, "in some respects similar to those of Erasistratus and Herophilus," as to the distinction between motor and sensory nerves was sound, and says

"If we could show that the nerves of sense agree in their origin and appearance through their course and differ from those of motion in both these respects, whilst at the same time they agree with one another, there would be a stronger ground for the distinction supposed betwixt

nerves of sense and of motion ; but till this be demonstrated, the question must be considered as involved in great obscurity."

Dr. Cooke died January 1, 1838.

An engraved portrait of him is preserved in the library of this Society.

IX.—1823.

JOHN ABERNETHY, surgeon to St. Bartholomew's Hospital, was the most famous teacher of his time. I have known six men who attended his lectures. They were unanimous in the opinion that he was the best teacher to whom they had ever listened, and considered themselves fortunate to have been pupils of such a man. Several other pupils have left descriptions of his lectures which show his excellence.

Sir Benjamin Brodie, the surgeon, says in his autobiography :—

"Mr. Abernethy was an admirable teacher. He kept up our attention so that it never flagged, and that which he told us could not be forgotten. He did not tell us so much as other lecturers, but what he did he told us well. His lectures were full of original thought, of luminous and almost poetical illustrations ; the tedious details of descriptive anatomy being occasionally relieved by appropriate and amusing anecdotes. Like most of his pupils, I learned to look upon him as a being of a superior order."

Dr. Peter Mere Latham, physician to St. Bartholomew's, says :—

"We never left his lecture room without thinking him the prince of pathologists, and ourselves only just one degree below him."

George Macilwain, afterwards his biographer, was un-

willing to become a medical student, but Abernethy's lecture immediately encouraged him.

"Painfully depressed in spirits, I took my seat at the lecture. When Mr. Abernethy entered I was pleased with the expression of his countenance. I almost fancied that he could have sympathized with the melancholy with which I felt oppressed. When he commenced I listened with some attention; as he proceeded I found myself entertained, and before he concluded I was delighted."

John Abernethy was born in the city parish of St. Stephen's, Coleman Street, April 3, 1764. His parents were both natives of Antrim, and his ancestors had lived for many generations in Ulster where some of them were famous for eloquence. His grandfather was the only survivor of a family of children who fell victims to an epidemic of measles within the walls of Londonderry during the siege of that city in 1689. Abernethy was educated at Wolverhampton Grammar School, and in 1779 became the pupil of Sir Charles Blicke, surgeon to St. Bartholomew's. He was elected assistant surgeon in 1787 and surgeon in 1815, and lectured in the school first on anatomy and then on surgery. His writings, contained in two volumes, are clear and interesting, but his power of expression was better displayed in his lectures. He thoroughly understood the art of interesting his audience and of impressing important points upon the mind of every student who heard him. Some of his hearers have described how he seemed to each man to be particularly lecturing to him.

In a lecture, speaking of the course of the axillary artery, he is thus reported by Mr. Macilwain: "Ah," said he, "there is no saying too much on the importance of recollecting the course of the larger arteries: but I will tell you a case. There was an officer in the navy, and as brave a fellow as ever stepped, who in a sea-fight received a severe wound

in the shoulder, which opened his axillary artery. He lost a large quantity of blood, but the wound was staunched for the moment, and he was taken below. As he was an officer, the surgeon, who saw he was wounded severely, was about to attend him before a seaman who had just been brought down. But the officer, though evidently in great pain, said: 'Attend to that man, sir, if you please, I can wait.' Well, his turn came; the surgeon made up his mind that a large artery had been wounded; but, as there was no bleeding, dressed the wound, and went on with his business. The officer lay very faint and exhausted for some time, and at length began to rally again, when the bleeding returned. The surgeon was immediately called, and, not knowing where to find the artery, or what else to do, told the officer he must amputate his arm at the shoulder joint. The officer at once calmly submitted to this additional, but unnecessary suffering; and, as the operator proceeded, asked if it would be long. The surgeon replied that it would soon be over. The officer rejoined: 'Sir, I thank God for it.' But he never spoke more.

Amidst the death-like silence of the class, Abernethy calmly concluded: 'I hope you will never forget the course of the axillary artery.'"

He died at Enfield, April 20, 1831. His portrait by Sir Thomas Lawrence hangs in the great hall of St. Bartholomew's Hospital, beside the portrait by Sir Joshua Reynolds, of Percival Pott, the teacher whom Abernethy most admired.

X.—1825.

DR. GEORGE BIRKBECK, son of a banker at Settle, was born in Yorkshire, and graduated M.A. at Edinburgh in

1799. At that University he became acquainted with Henry Brougham (afterwards Lord Brougham), the chief founder of the University of London, and the friend and ardent advocate of popular education. The influence of Brougham's inspiring conversation probably turned Birkbeck's mind in the direction with which his fame is chiefly associated. He became Professor of Natural Philosophy in the Andersonian Institute of Glasgow, and there gave additional and gratuitous courses of lectures to working men. He made his lectures as simple and as interesting as possible, and his audiences were large and grateful.

"His object at the commencement," says a writer who had studied his history and admired his achievements, "was to teach mechanics as much science as was connected with their own particular trade. There is a little painting in the Committee-room of the London Institute, representing the circumstance which induced him to go even thus far. He happened to be in a workshop, and was explaining some process to one of the men, who listened attentively. The rest gathered round—there was a look of intelligence amongst them, an expression of a desire to be taught. The Doctor observed it, raised subscriptions, and opened an evening school. At first a few, then numbers began to attend. The difficulty was not to find scholars but teachers. A thirst for general information began to spread. The working class felt a pride in learning. A house was purchased by themselves for the purpose. They built a theatre to accommodate a thousand persons, and it is not unfrequently filled by their own members. An improvement is never long limited to one place. Similar institutions sprung up throughout the country."¹

Now that England and Wales, which in Birkbeck's time

¹ R. R. R. Moore, "Lecture on the Advantages of Mechanics' Institutions." Dublin, 1839.

had only two, have nine active universities, while university colleges and technical institutes are distributed throughout the country and all men are agreed as to the advantages of the best possible education for everybody, it is difficult to realize how great was the work of Birkbeck, of Brougham and their associates in convincing the nation that higher education ought to be within easy reach of every one. Their efforts were unsupported by Parliamentary grants or local rates, they themselves were generally spoken of as misguided or mischievous enthusiasts, and their only reward was the satisfaction of being certain in their own minds of the usefulness of their work. It adds to the honour of our Society that it chose Birkbeck as its President.

Birkbeck settled in London in 1805, and in 1808 became a Licentiate of the College of Physicians. He attained considerable practice in the city and was Physician to the institution now known as the Royal General Dispensary in Bartholomew Close. He was the first president of the London Mechanics' Institution which in honour of him has since been called the Birkbeck Institution. He lent £3,700 in aid of its construction; delivered the opening address February 20, 1824, and with Lord Brougham was one of the original trustees. Many similar foundations followed throughout the country. He was one of the founders of "that proprietary institution in Gower Street," as its opponents described it, which was the first attempt towards the foundation of a University in London, and which led to the incorporation of a University, and itself became University College, now in accordance with the feelings of its original founders about to become an integral part of the University which its originators contemplated as an essential addition to the intellectual life of London.

There is an engraving of his portrait in the collection of the Society.

He died December 1, 1841. He is perhaps the only president of the Society after whom one of the streets of London is named (Birkbeck Street, Bethnal Green).

XI.—1827.

BENJAMIN TRAVERS, surgeon to St. Thomas's Hospital, was born in the city of London where his father was a sugar baker. He was a pupil of Sir Astley Cooper, and became a member of the College of Surgeons in 1806. In 1813 he was elected F.R.S., and in 1815 became surgeon to St. Thomas's Hospital. He worked diligently as surgeon to the London Infirmary for diseases of the eye from 1810 to 1816, and attained a considerable reputation as an ophthalmic surgeon. The Royal College of Surgeons elected him President in 1847 and in 1856. He died March 6, 1858. His bust is at the Royal College of Surgeons, and his portrait was painted by C. R. Leslie. His works were "An Inquiry into the Process of Nature in repairing injuries of the Intestines," 1812, "A Synopsis of the Diseases of the Eye," 1820, two treatises on "Constitutional Irritation," 1826 and 1835, and "The Physiology of Inflammation," 1844. In an essay "On wounds and ligatures of veins"¹ Travers writes :—

"Although it is clear that veins undergo obliteration, I do not think it is by a union of the sides of the vein, as is the opinion of Mr. Hunter, Mr. Hodgson, and others, or as we observe to be the case in arteries under high inflammation. The tube, of little less than its ordinary size,

¹"Surgical Essays" by Astley Cooper, F.R.S., Surgeon to Guy's Hospital, and Benjamin Travers, F.R.S., Surgeon to St. Thomas's Hospital. London, 1818.

is obstructed by masses of lymph ; or not at all reduced in its calibre, where obstruction simply has taken place, is filled by layers of coagula ; but there is no tendency to contraction of the canal, nor any disposition to adhesive union of the sides of the tube, and, indeed the excessive secretion in the one case, and the massive coagulum in the other, are equally barriers to such a union. That the sides of the vein do not coalesce, is still more strikingly shewn by the mode of obliteration which is sometimes seen between the seat of inflammation and the heart, where an extensive furring of the inner membrane has taken place, and probably betwixt the heart and a wound or ligature. That appearance stops abruptly, the membrane resumes its healthy character, and the tube is gradually contracted to obliteration by an interstitial deposition in the coats of the vein, by which it is rendered a round solid cord of a cartilaginous hardness, in its transverse section narrower considerably than that of the healthy vein. Although imperforate from compression, the canal is readily discovered by a longitudinal section."

XII.—1829.

DR. PETER MARK ROGET, whose father was a native of Geneva, and minister of the French Church in Threadneedle Street, was born in London, January 18, 1779. He graduated M.D. at Edinburgh when only nineteen years of age. After travels he settled, in 1804, at Manchester, and became physician to its Infirmary, and with his colleagues on the staff founded the medical school there. In 1808 he came to London, became a Licentiate of the College of Physicians and in 1831 a Fellow. He delivered the Gulstonian lectures in 1832, gave many courses of popular lectures on Physiology, and lectured on medicine at the

medical school of Windmill Street. In 1823 he was nominated by the Government of the day to conduct the medical treatment of the epidemic of dysentery then going on in the Penitentiary at Millbank, which is now happily replaced by the Tate Gallery. He was elected F.R.S. in 1815, chiefly in consequence of his paper on a logo-logarithmic rule which he had constructed, and in 1827 became secretary of that Society. He wrote a Bridgewater Treatise, "Animal and Vegetable Physiology considered with reference to Natural Theology," treatises in the Library of Useful Knowledge, articles in "Rees' Cyclopædia" and the "Encyclopædia Britannica."

In 1852 he published the book which makes his name known to every one who has looked at the contents of the shelves of nineteenth-century libraries, the

"Thesaurus of English Words and Phrases, classified and arranged so as to facilitate the expression of Ideas and assist in Literary Composition."

How to write a language well can only be learned by a study of its literature, and he who knows thoroughly a few good books, will be better fitted for composition in English than any work of reference can make him. Bysshe's "Art of Poetry" never made a poet, and Roget's "Thesaurus" is unlikely to have formed a single good prose writer. But there are many who are ignorant of literature, yet wish to write well, and it is to the hopes of such that the production of thirty-three editions of Roget's "Thesaurus" from 1852 to 1875 is due. The preparation of the work was a source of pleasure to the author for fifty years.

He died September 12, 1869. An engraving by Eddis of his portrait is in the collection of the Society.

The powers of Dr. Roget's mind are perhaps seen at their best in his clear description in the Philosophical Transactions of his rule. His Physiology is a lucid ex-

position of what was then known, and like all his writings shows that he had considerable literary as well as scientific attainments. A paragraph on sleep is a fair example of his style :—

“Neither is the mind wholly inactive during sleep ; it is still occupied with a succession of ideas, which is often more rapid than when we are awake ; the imagination is even more vividly exerted, and the images that pass before the mind are considered as realities. This constitutes *dreaming*, a state which is characterized also by the peculiar circumstances of the want of all voluntary power of directing the succession of ideas. Trains of ideas and images commence and follow one another, being indissolubly linked together by those laws of association which are independent of volition.”

XIII.—1831.

SIR WILLIAM LAWRENCE, Bart., was the son of a surgeon, and was born at Cirencester, July 16, 1783. After education at a private school he was apprenticed to Abernethy in 1799, and studied under him at St. Bartholomew's Hospital, to which Lawrence became assistant surgeon in 1813, and surgeon in 1824. He held office in the latter capacity for forty years, and throughout this time his was the paramount influence in its school. His lectures on surgery were admired by those who attended them and I have heard Sir George Humphry, Mr. Luther Holden and Sir William Savory praise him as a lecturer and as a teacher at the bedside. He was President of the Royal College of Surgeons in 1846 and in 1855, and was an examiner there for twenty-seven years. He died July 5, 1867.

Eighteen papers by him, besides two of which he was

joint author, appear in our Transactions, and he wrote many more in medical periodical publications. His treatise on Hernia (1806) shows his thorough knowledge of anatomy and extensive surgical observation, and as well as that on Diseases of the Eye (1833), was for many years a work of authority. His portrait by Pickersgill hangs in the great hall of St. Bartholomew's Hospital, and the College of Surgeons has a fine marble bust of him. The great power which he exercised in the positions to which he attained is easily understood when this representation of his well-formed head, fine features and resolute expression is studied. His rhetorical power was considerable, and one variety of its exercise is shown in the conclusion of his Hunterian oration (1846):—

“In the midst of life we are in death. On the 16th October, 1793, Mr. Hunter rose at break of day, as was his custom, and repaired to his dissecting-room, where he was joined by some zealous and industrious students, such as he liked to have around him, and to employ as assistants.

“Having completed to his satisfaction a difficult piece of minute dissection, he was in high spirits. Going down to breakfast, he repeated gaily some lines of a Scotch song—a thing very unusual with him. It was, says his faithful friend Mr. Clift, and tears filled his eyes as he spoke, the melody of the dying swan. He left home at his usual hour in excellent health, and after paying some professional visits, went to a meeting of governors at St. George's. He was seized in the board-room of the hospital, and, being conveyed into an adjoining apartment, fell dead into the arms of one of his colleagues.

“It was the same day, and nearly the same hour, that the unfortunate Queen of France was murdered on the scaffold.

"The lovers of science were struck with consternation. The loss seemed irrecoverable. But the great genius lives again in the ample stores of knowledge left behind him; in his numerous writings; in the great repository of his labours which is the pride and ornament of this College; published, explained, enlarged, illustrated, since his death, and thus rendered more accessible and more available for the extension and diffusion of science than they had been during his life. The luminary of anatomy and physiology was not extinct; it had descended below the horizon, but it rises again with greater brilliance, to shed the diffusive radiance of genius and intelligence over ages yet unborn."

XIV.—1833.

JOHN ELLIOTSON was elected in 1833, and was the first president of the Society after its incorporation as the Royal Medical and Chirurgical Society of London in 1834. He was born in Southwark, where his father was a druggist, on October 24, 1791, graduated M.D. at Cambridge in 1821, and was elected a fellow of the College of Physicians in 1822. He was elected physician to St. Thomas's Hospital in 1823, and in 1834 was made senior physician to University College Hospital and left St. Thomas's. He was also professor of medicine in University College. His portrait is at the College of Physicians.

His lectures were clear, showing much reading and great clinical experience. He was a most painstaking teacher in the wards, and a copious writer. He attained a high place among the physicians of London, and might long have enjoyed its advantages had he not lost the confidence of his contemporaries by the unscientific way in which he treated the subject of mesmerism. His use of mesmerism in the wards was censured by the Council of University

College, and he resigned his posts at the Hospital in December, 1838. His judgment seemed to become impaired. He founded a Mesmeric Infirmary, presided over a Phrenological Society, and published a monthly periodical called "*The Zoist, a Journal of Cerebral Physiology and Mesmerism*"; a curious example of the fact that an academical education and the prolonged mental exercises of a scientific profession are not always sufficient to prevent those infirmities of intellect and irregularities of thought which we generally attribute to imperfect education, and particularly to the want of scientific training.

His controversial writings do not give a just idea of his mental capacity and medical knowledge. His Lumleian lectures of 1829, "*On recent improvements in the art of distinguishing the various diseases of the Heart*," show how well versed he was in auscultation at a time when it was the latest addition to the methods of medicine, and his "*Principles and Practice of Medicine*" contain many admirable passages.

His account of Pericarditis is an interesting illustration of the knowledge of the time and of his own practice :—

"The diagnosis of pericarditis is thought by many to be extremely difficult. Laennec declares that he has frequently suspected it where it was not found, and found it where he had not suspected it. By close inquiry into the existence of all the marks just mentioned, I confess the diagnosis has never proved difficult to me. I would particularly lay stress upon the extension of the pain from the region of the heart to the scapula, shoulder, and a certain way down the arm—symptoms which patients will not always mention unless questioned respecting them : and its increase on strong pressure upon or between the ribs and cartilages over the heart, and upwards under the cartilages of the left false ribs. These two points I do

not remember to have seen mentioned anywhere, and the others are not dwelt upon in some of the best books. In Andral's "*Clinique Médicale*" pain of the epigastrium on pressure is said to have occurred in some cases, but the point is not spoken of as if inquired into : in one case only is the extension of pain to the arm mentioned : and its extension even to the shoulder does not seem to have formed an object of inquiry.

"I am certain that, by a scrutinising examination, the existence of pericarditis will very rarely be mistaken : and from this conviction, and the frequency of its occurrence during acute rheumatism, I make it an invariable rule to examine the cardiac region by the touch and hearing in every case of acute rheumatism, as the usual seats of hernia are examined by us all in cases of colic and intestinal inflammation. Were this rule universally observed practitioners would not be occasionally surprised by the death of patients in what had been considered merely acute rheumatism.

"Although the consideration of treatment forms no part of my purpose, I may be permitted to remark, that I think I have observed free local bleeding more serviceable than general ; and that mercury is of equal efficacy in acute pericarditis as in other acute inflammations, over which, wherever they may be situated, a very extensive experience of many years has fully satisfied me, conformably with the observations of so many able physicians, that it possesses far, very far, more power than any other medicine. Bleeding and other ordinary measures cure cases of severe inflammation every day, and, in cases of little danger, may be relied upon. But they frequently fail in cases of intensity ; and I know that if, in addition to suitable bleeding, mercurial ptyalism is quickly induced, active inflammation will very rarely destroy, and that, not only is fatality almost always prevented, but far less bleeding is required.

This has been my practice from the commencement of my professional life, and I have never met with the necessity for those frightful bleedings of quart after quart, recorded from time to time in our publications, when I also employed mercury with freedom. I have given the antimonium tartarisatum in quantities of a scruple and half a dram every twenty-four hours, hydrocyanic acid, and other medicines recommended by the Italians, but found them all greatly inferior to mercury. Among the best unquestionably is colchicum, and its power over active gout and rheumatism of the extremities is universally acknowledged to be very great. After the violence of acute pericarditis is subdued, it appears of use in restraining the morbid irritability which sometimes still continues in the heart; and several chronic cases, of which I have despaired, have gradually recovered under perseverance in its use for many months."

It is impossible to describe his career without mentioning the unhappiness of its last thirty years, a long period of unsuccessful controversy which ended July 29, 1868. We may be glad that his early promise, his rapid success, his laborious teaching, his humane disposition and his mental powers are commemorated by one of those monuments

quod nec Jovis ira nec ignes
Nec poterit ferrum nec edax abolere vetustas.

This honour he received from the most critical and penetrating student of human nature of his time in the dedication of "Pendennis".

"To Dr. John Elliotson.

"My dear Doctor,

"Thirteen months ago when it seemed likely that this story had come to a close, a kind friend brought you

to my bedside whence, in all probability, I never should have risen but for your constant watchfulness and skill. I like to recall your great goodness and kindness (as well as many acts of others, showing quite a surprising friendship and sympathy) at that time, when kindness and friendship were most needed and welcome.

"And as you would take no other fee but thanks, let me record them here in behalf of me and mine, and subscribe myself,

"Yours most sincerely and gratefully,

"W. M. THACKERAY."

XV.—1835.

HENRY EARLE, surgeon to St. Bartholomew's Hospital, was the third son of Sir James Earle, surgeon to St. Bartholomew's Hospital. His mother was a daughter of Percival Pott, the celebrated surgeon. Earle was born in Hanover Square, June 28, 1789, and died at his house 28 George Street, Hanover Square, January 18, 1838. He was elected assistant surgeon to St. Bartholomew's in 1815 and surgeon in 1827. His bust is at St. Bartholomew's Hospital. He published twelve papers in the Transactions of our Society. In 1823 he published "Practical Observations in Surgery." The book contains six chapters: one describes a bed for cases of fracture of the legs which he had devised, and the others are on an injury to the urethra, on the mechanism of the spine, on injuries near the shoulder, on fracture of the olecranon, and on certain fractures of the femur. Sir Astley Cooper maintained, in opposition to this last essay, that fracture of the neck of the femur never unites, and Earle defended his own views in "Remarks on Sir Astley Cooper's Reply." There was no ground for Cooper's assertion that Earle's

statement was due to a wish to depreciate Guy's Hospital and its teaching. Earle was often attacked and ridiculed in the chief medical journal of his time, but a careful examination of these attacks discovers nothing to his real discredit, and nothing more deserving of ridicule than that he was of short stature.

In his "Practical Observations on fractures of the thigh" (London, 1823) he says: "I have reserved to the last the highly interesting specimens in the possession of Mr. Abernethy, which were found by Mr. Stanley in the body of a subject in the dissecting-room. As it is Mr. Stanley's intention to publish a description of these bones, I will only so far anticipate that gentleman's account by stating, that they were both found in the same subject; that the fracture on the right side was entirely within the articulation, and on the left side partially; that there was very little shortening of the limbs, arising only from the loss of obliquity in the neck; and, lastly, that the most perfect osseous union has taken place, which can be traced through the whole substance of the neck, in the different sections which Mr. Stanley has made.

"This case must, I think, be admitted by the most sceptical, and must at one place the possibility of such an occurrence on the firm basis of actual demonstration. Nothing is known respecting the case, either as to the mode of treatment, or whether both the bones were fractured at the same time.

"If it were allowable to hazard an opinion on the subject, I should feel disposed to attribute the accident to a perpendicular fall, which may have broken both necks at the same time: and I think it is highly probable that the firm and perfect union which has taken place may be referrible to the total inability to move either the pelvis

or extremities which must have been the necessary consequence of such an accident ; for it is hardly possible to conceive a more totally helpless state than that to which a person under such circumstances would be reduced.

“Whether this opinion be correct or not the fact of bony union cannot be controverted ; and one single fact of the possibility of such an occurrence is sufficient ; for

the first great cause
Acts not by partial, but by general laws ;

and we may hence conclude, that bony union is possible under more favourable circumstances than have usually occurred.”

XVI.—1837.

DR. RICHARD BRIGHT.—The lantern of Aristotle is too small to do more than transmit one ray of the brilliancy of that luminary of the ancient world, and the fame of Archimedes would have remained firm and unshaken without being attached to time by his screw ; but these ancient examples show that the custom of affixing the names of discoverers to natural objects began in the earliest days of science. It was confirmed by the anatomists of the Renaissance and their successors, who are commemorated in the heart and the brain and throughout the human frame, and has since been used by physicists and chemists and the followers of the system of scientific nomenclature begun by Linnæus. In later times this method of commemoration of discoverers has been extended to the names of diseases. Three physicians connected with Guy's Hospital have received this honour, of whom the most famous and widely known is Bright. Bright's disease is a term used all over the world, and unlikely to fall out of use since it is applied to a group of morbid conditions, of

which if some are detached and proved to be distinct others will remain.

Richard Bright, an observer whose labours in morbid anatomy and medicine will always be remembered, was born at Bristol, where his father was a banker, in 1789. Bright studied at Edinburgh and at Guy's Hospital, and it is an addition to the honours of the most ancient of the colleges of Cambridge that he was one of its undergraduates. He graduated M.D. at Edinburgh in 1813. He had travelled to Iceland before his degree, and after it in 1814 went through the Netherlands and Germany to Hungary, returning by way of Belgium a fortnight after the battle of Waterloo, and visiting the wounded in hospital at Brussels. His "Travels from Vienna through Lower Hungary" were published in quarto in 1818. In 1820 he became assistant physician to Guy's Hospital and in 1824 physician, and held the office till 1843. He was elected a fellow of the College of Physicians in 1832, and gave the Gulstonian lectures in 1833 on Renal Disease. At the end of the eighteenth century Dr. John Blackall had observed in the wards at St. Bartholomew's the presence of albumen in the urine of a patient with dropsy, and in 1813 in his "Observations on the nature and cure of dropsies" pointed out that renal disease with albuminuria was a cause of dropsy. As a member of the hospital in which John Blackall was educated and of the college of his learned grandfather, Ofspring Blackall, I hope that I may not be considered partial in thinking that insufficient praise has been given to Blackall for his observations by subsequent writers. Bright himself was perfectly just to his predecessor and says: "The observations which I have made respecting the condition of the urine in dropsy are in great degree in accordance with what has been laid down by Dr. Blackall in his most valuable treatise."

Bright investigated many more cases and arrived at more definite conclusions, and directed attention to the symptoms which accompany chronic renal disease with a force which is not to be found in Blackall.

Bright laboured incessantly in the wards and in the Post-Mortem Room. He published in 1827 and 1831 "Reports of Medical Cases." The generalizations are much fuller than those of Matthew Baillie's "Morbid Anatomy," and the treatment of the subject begins in the consideration of the symptoms and goes on to the morbid conditions of the diseased organs, while Baillie's book may be said to begin the subject in the post-mortem room and to dwell upon the changes of organs first. Bright discusses particular cases at length after the manner of the *Observationes Medicæ*, of Nicholas Tulpius, but is superior to that admirable physician in the way in which he has grouped cases so as to force sound general conclusions on the mind of the reader.

The first volume is the most striking part of this great book. It begins with "Cases illustrative of some of the appearances observable on the examination of diseases terminating in dropsical effusion."

The precise and luminous Boerhaave in his *Aphorisms*, which represent the whole of medical knowledge as it was in his time, adds little to what was expressed by Quintus Serenus Salmonicus on Dropsy in the third century.

Corrupti jecoris vitio vel splenis acervo
Crescit hydrops ; aut cum siccata febre medullæ
Atque avidæ fauces gelidum traxere liquorem :
Tum lymphæ intercus vitio gliscente tumescit,
Secernens miseram proprio de viscere pellem.

Disease of the liver, obstruction of the spleen, swallowing of cold fluids in a fever, lymph causing the body to swell, and raising the skin from each organ which it should cover :

the verses display almost the whole pathology of dropsy up to 1728.

William Heberden, one of the greatest of English physicians, whose commentaries on "The History and Cure of Diseases" were published in 1802, the year after his death, in his forty-eighth chapter says of dropsy :—

"Swellings of the ancles or legs towards evening, which vanish, or are greatly lessened in the morning, are very common in women while they are breeding, and in hot weather ; and in both men and women, when they are recovering from a long illness, and in old age, and after the gout, or any hurt of the legs. These swellings cease of themselves, or continue without any danger, and therefore require no medicine. But where persons after having laboured for some time under complaints of the lungs, or of the bowels, begin to find a swelling in the legs, it is a sign of some deep mischief in the breast or abdomen, the swelling will most probably increase to a fresh dropsy, and the case end fatally.

"A dropsy is very rarely an original distemper, but is generally a symptom of some other, which is too often incurable ; and hence arises its extreme danger."

The first two pages of Bright's quarto volume show how much he had advanced the subject :—

"The morbid appearances which present themselves on the examination of those who have died with dropsical effusion, either into the large cavities of the body or into the cellular membrane, are exceedingly various : and it often becomes a matter of doubt how far these organic changes are to be regarded as originally causing or subsequently aiding the production of the effusion, and how far they are to be considered merely as the consequence either of the effusion or of some more general unhealthy state of the system. If it were possible to arrive at a perfect solution

of these questions, we might hope to obtain the highest reward which can repay our labours,—an increased knowledge of the nature of the disease, and improvement in the means of its treatment.

“One great cause of dropsical effusion appears to be obstructed circulation; and whatever either generally or locally prevents the return of the blood through the venous system, gives rise to effusions of serum more or less extensive. Thus, diseases of the heart which delay the passage of the blood in the venous system, give rise to general effusion, both into the cavities and into the cellular tissue. Obstructions to the circulation through the liver, by causing a delay in the passage of the blood through the veins connected with the *vena portæ*, give rise to ascites. The pressure of tumours within the abdomen preventing the free passage of blood through the *vena cava*, gives rise to dropsical effusion into the cellular tissue of the lower extremities, and not unfrequently, the obliteration of particular veins from accidental pressure is the source of the most obstinate anasarca accumulation.

“These great and tangible causes of hydropic swellings betray themselves obviously after death, and are often easily detected during life:—yet they include so great a variety of diseases, that they still present a very wide field for the observation of the Pathologist. The different diseases of the heart and of the lungs on which dropsy depends, and the various changes to which the liver is subject rendering it a cause of impediment to the circulation, are still open to much investigation. In fatal cases of dropsy we likewise find the peritoneum greatly diseased in various ways; frequently covered with an adventitious membrane more or less opaque, and capable of being stripped from the peritoneum, which is then left with its natural shining and glossy appearance. At other

times the peritoneum is itself altered in structure, or is affected with tubercular or other diseases, presenting an accumulation of morbid growth.

“There are other appearances to which I think too little attention has hitherto been paid. They are those evidences of organic change which occasionally present themselves in the structure of the KIDNEY; and which, whether they are to be considered as the cause of the dropsical effusion or as the consequence of some other disease, cannot be unimportant. Where those conditions of the kidney to which I allude have occurred, I have often found the dropsy connected with the secretion of albuminous urine, more or less coagulable on the application of heat. I have in general found that the liver has not in these cases betrayed any considerable marks of disease, either during life or on examination after death, though occasionally incipient disorganization of a peculiar kind has been traced to that organ. On the other hand, I have found that where the dropsy has depended on organic change in the liver, even in the most aggravated state of such change no diseased structure has generally been discovered in the kidneys, and the urine has not coagulated by heat. I have never yet examined the body of a patient dying with dropsy attended with coagulated urine, in whom some obvious derangement was not discovered in the kidneys.”

In his first volume he also treats of morbid conditions of the liver, lungs and intestines; in the second and third chiefly of the brain and nervous system.

The generalization at which he arrived that in many cases of dropsy definite anatomical change is to be found in the kidney, entitles Bright to the honours of a discoverer. In other parts of his writings it may be noticed how careful an observer he was even when he failed to interpret the meaning of what he saw clearly and described ac-

curately. In his cases illustrative of the morbid appearances which occasionally take place in the intestines during the progress of fever, more than one case of enteric fever is clearly described, though the observer reached no conclusion as to the entity of the disease.

“CASE LXXVI.

“Charles Groves, æt. 25, was admitted into Guy’s Hospital, October 13th, 1826, with well marked fever, which had already existed three weeks. I saw him on the 23rd lying on his back in a doze, his tongue dry and brown, and red at the tip. Pulse frequent, not apparently very weak, but changing quickly as to frequency, particularly when he was spoken to. His eyes were suffused. His hands were in a constant state of agitation, as if he were half-clasping them towards one another to inclose some object between his fingers. He muttered indistinctly when addressed. The skin of the body felt hot. His bowels had been for about four days in a constant state of purging. He died on the following day.

“SECTIO CADAVERIS.

“The lungs were harder than natural, apparently from a high state of congestion, and on squeezing them a good deal of serum mixed with air and blood escaped; no part was perfectly natural, and one or two portions of the extent of half an orange were more deeply red, and filled with bloody effusion. This condition of the lungs did not appear the genuine result of inflammation, but of congestion. The lining membrane of the trachea was vascular and of a brown colour, likewise from congestion. A coagulum had separated from the blood in the cavities of the heart. The liver was healthy, neither dark in colour nor turgid. Spleen natural and soft. Pancreas healthy,

gall-bladder rather large. The lining membrane of the stomach in general pale, and slightly hard. Intestines inflated, and appearing externally vascular, but not to any great degree. About two feet of the ilium close to the colon was highly coloured with turgid vessels. On opening the whole alimentary canal the internal surface was healthy till within two feet of the colon : here patches of vascularity showed themselves, of a very deep colour, and some insulated ulcers, which were always on the side opposite to the insertion of the mesentery. This appearance increased on approaching the colon, and the last foot was very much ulcerated quite to the valve ; and on the valve itself was situated a large ulcer. These ulcers varied from the size of a small pea to the size of a half-crown ; but they were generally oblong rather than round : they were seen in different states ; some were simple elevations, of the size of a shot, like yellowish deposits underneath the mucous membrane, or enlarged mucous glands ; others had on the upper part of this small elevation a more yellow spot, and surrounding this a slight zone of inflammation ; in others this yellow was becoming like a slough with a slight breach of surface ; in others this was much increased, of the size of a silver twopenny piece, with a decided ragged slough, apparently tinged by the fæcal matter ; in others this slough was removed, and the vessels underneath showed the direction of the muscular fibres ; in others, particularly the larger ones near the valve, the whole was filled with a knotty irregular granulation, looking like a fungous increase from the mucous glands, and the edges were elevated. The caput cæcum coli likewise presented ulcerations resembling the smaller ulcers which were covered with a ragged slough in the ilium ; there were about eight or ten of such ulcers in the cæcum, and the whole mucous membrane in this

part was thickly strewn with small miliary elevations, which were light coloured on the red ground-work. The colon itself from this point was healthy. The vermiform process was small, and in no ways thickened or affected by the disease."

Bright died December 16, 1858, at his house in Savile Row. His portrait is in the reading room of the College of Physicians.

XVII.—1839.

SIR BENJAMIN COLLINS BRODIE, Bart., surgeon to St. George's Hospital, and serjeant-surgeon to Queen Victoria, was born at Winterslow, Wiltshire, of which parish his father was rector, in 1783. He studied medicine in London, attending the lectures of Abernethy, and dissecting in the school founded by William Hunter in Great Windmill Street, and in 1803 joined St. George's Hospital as a pupil of Sir Everard Home. As a student he made the acquaintance of Lawrence, the surgeon, and they were life-long friends. After holding the posts of house surgeon and of demonstrator of anatomy at St. George's, Brodie was appointed assistant surgeon in 1808. In 1810 he was elected F.R.S., and in 1811 received the Copley medal for two papers, one "On the influence of the Brain on the action of the heart and the generation of animal heat," and the other "On the effects produced by certain vegetable poisons." In 1818 he published "Diseases of the Joints," a book of which five editions appeared. He became surgeon to St. George's Hospital in 1822, and president of the Royal College of Surgeons in 1844. He was chosen president of the Royal Society in 1858, and resigned the office on account of failing eyesight in 1861. His "Psychological Enquiries," published in 1854,

were much read. Their intention is to make clear the relations of the body and the mind; and their form is taken from the seven dialogues of Berkeley in which Alciphron and Euphranor, Lysicles and Crito discuss the greatest subjects of human thought.

Eubulus, Crites and Ergates are the interlocutors, of whom *ἐργάτης*, the practitioner, represents Brodie himself, and supplies all the anatomical and physiological information of the discussion. Crites is a barrister and Eubulus is a man of judgment who has been obliged, by reasons of health, to retire into the country from a public office. His house is the scene of the dialogues which are six in number. They set forth what was then known on the functions of the nervous system and their relations to mental operations, illustrated by pleasantly told anecdotes of great men and discussion of some passages in great books.

The voice, the expression of face, the gestures, gave a force and unity to the philosophical discussions of the Stagyrte and his peripatetics which can never be present in imaginary conversations, and even in a writer so great as Berkeley, the reader, however carried on, feels at the end that he would have enjoyed the learning, subtlety and force of argument more had it been put in a direct form. This want of reality in the conversation Brodie could not avoid, but the variety of the facts related and the simple expression of medical knowledge, with which most readers were unfamiliar, seemed to put abstruse things within the comprehension of those who had been curious to know them but had before imagined them beyond reach. Thus the book came to be widely read by intelligent people and added much to Brodie's reputation.

An Elizabethan surgeon, speaking of book-learning in members of his profession says, "as to reading I care not, so he be a good artist," and this was the view of Cline,

Astley Cooper and many other great surgeons. Brodie occupied a new and original position as a surgeon at the top of his profession who was at the same time in touch with both the scientific and the literary intellectual life of his period.

He died at Brome Park in Surrey, October 21, 1862.

In one of the dialogues there is a description of a case of aphasia, of which the explanation was of course unknown in the time of Brodie :—

“ In another case, a gentleman who had previously suffered from a stroke of apoplexy (but recovered from it afterwards) was suddenly deprived of sensation on one side of his body. At the same time he lost the power not only of expressing himself in intelligible language, but also that of comprehending what was said to him by others. He spoke what might be called *gibberish*, and it seemed to him that his friends spoke *gibberish* in return. But while his memory as to oral language was thus affected, as to written language it was not affected at all. If a letter was read to him, it conveyed no ideas to his mind ; but when he had it in his own hand, and read it himself, he understood it perfectly. After some time he recovered of this attack, as he had done of that of apoplexy formerly. He had another similar attack afterwards.”

A passage in Brodie's autobiography shows the learned company he early fell among :—

“ It was during the period of which I am now speaking, and not very long after I had ceased to be house-surgeon, that Mr. Home introduced me to Sir Joseph Banks. Sir Joseph took much interest in any one who was in any way engaged in the pursuit of science, and as I suppose partly from Home's recommendation and partly from knowing that I was occupied with him in making dissections in comparative anatomy, was led to show me much kindness

and attention, such as it was very agreeable for so young a man to receive from so distinguished a person. He invited me to the meetings which were held in his library on the Sunday evenings which intervened between the meetings of the Royal Society. These meetings were of a very different kind from those larger assemblies which were held three or four times in the season by the Duke of Sussex, the Marquis of Northampton, and Lord Rosse, and they were much more useful. There was no crowding together of noblemen and philosophers, and would-be philosophers, nor any kind of magnificent display. The visitors consisted of those who were already distinguished by their scientific reputation, of some younger men who, like myself, were following these greater persons at a humble distance, of a few individuals of high station who, though not working men themselves, were regarded by Sir Joseph as patrons of science, of such foreigners of distinction as during the war were to be found in London, and of very few besides. Everything was conducted in the plainest manner. Tea was handed round to the company, and there were no other refreshments. But here were to be seen the elder Herschel, Davy, Wollaston, Young, Hatchett, Wilkins the Sanscrit scholar, Marsden, Major Rennell, Henry Cavendish, Home, Barrow, Maskelyne, Blagden, Abernethy, Carlisle and others who have long since passed away, but whose reputation still remains, and gives a character to the age in which they lived.

“In the course of the first few years which elapsed after my introduction to Sir Joseph Banks, I derived so much advantage from the society which I met in his library, and occasionally at his dinner table, that I feel it in some measure a duty not to omit some further notice of this eminent individual. I have been informed by those who might be supposed to be well acquainted with his history,

that as a boy at Eton he was a very indifferent student of Greek and Latin, and that he was himself mortified to find how much less a proficient he was in the school exercises than his fellow-pupils. But even at this early period he began the study of plants; examining the different parts of their structure, and laying the foundation of that extensive knowledge for which he was afterwards distinguished in this department of natural history. Having inherited a considerable fortune, he had no taste for the usual trifling pursuits of affluent young men, and being of an enterprising disposition, he obtained permission to accompany Captain Cook in one (I believe the first) of his voyages of discovery in the Pacific Ocean. I do not know how soon it was after his return to England that he was elected President of the Royal Society, superseding the former President, Sir John Pringle. His election took place after a severe contest, in which his principal opponents were the mathematicians, with Dr. Horsley, the Bishop of Rochester, at their head. He was created a Baronet, a Civil Knight of the Bath (corresponding to the G.C.B. of the present time), and a Privy Councillor. He was annually re-elected to the presidential chair, for many years, resigning the office as soon as he found that his declining health prevented his attending the meetings, that being not long before he died.

“ His London residence was in Soho Square, there being extensive premises behind his dwelling-house containing his library, which consisted chiefly of books on Natural History and the transactions of learned societies, and was probably in these departments unrivalled in the world. His principal librarian was a Swede, Dr. Dryander; and under his superintendence the library was so well managed, that although books were lent to men of science in the most liberal manner, I believe that not a volume was ever lost. Dryander was indeed a pattern as a librarian. The library

over which he presided was to him *all in all*. Without being a man of science himself, he knew every book, and the contents of every book in it. If any one enquired of him where he might look for information on any particular subject, he would go first to one shelf, then to another, and return with a bundle of books under his arm containing the information which was desired."

XVIII.—1841.

DR. ROBERT WILLIAMS, physician to St. Thomas's Hospital, was born in London in 1787, and graduated M.B. as a member of Trinity College, Cambridge, in 1810, and M.D. in 1816. He became a fellow of the College of Physicians in 1817, and was physician to St. Thomas's Hospital from 1817 till his death in 1845. He was an original investigator in Therapeutics, and made the important discovery of the value of iodide of potassium in the treatment of the later stages of syphilis. In his "Elements of Medicine" there are many interesting discussions of methods of treatment, and the book itself has an original form, the classification of diseases as the results of various poisons introduced into the system. The difference between the arrangements of general hospitals at the present day and in 1836 when this book was published are shown in his paragraph on the infecting distance of small-pox :—

"*Infecting Distance*.—The distance the poison may extend around the patient's person, before it becomes so diluted by admixture with atmospheric air as to be capable of communicating the disease, is not determined; but it is probably very considerable. Dr. Haygarth, in his work on Infectious Fevers, says (p. 53) 'that during his long attention to this subject, not a single instance has occurred

to prove that persons liable to the small-pox could associate in the same chamber with a patient in the distemper without receiving the infection.' The experience of Dr. Haygarth is supported by the observations of the profession at large, and has often been verified at St. Thomas's Hospital; for rarely has the small-pox appeared within the walls of that establishment without spreading, not only in the same, but also in the contiguous wards; and, on one occasion, even to the wards on the opposite side of the quadrangle. In a recent instance, a person caught the small-pox that lay at least thirty feet distant from the infected patient. It is impossible in any case to separate from this question the possibility of the disease having been conveyed by the students, the nurses, or by the physicians; still there are many instances in which the supposition of fomites cannot enter, as when the disease is caused by passing an infected child on the opposite side of the street, a circumstance which has often happened, and which distinctly shows that this baneful poison will spread so as to communicate the disease many feet even through the open air. The infecting distance of the variolous poison, therefore, cannot be less than from thirty to fifty feet."

XIX.—1843.

EDWARD STANLEY, surgeon to St. Bartholomew's Hospital and president of the Royal College of Surgeons in 1848 and 1857, was born July 3, 1793, in London, and after education at Merchant Taylors' School studied at St. Bartholomew's Hospital to which he became assistant surgeon in 1816, and succeeded Abernethy as lecturer on Anatomy in 1826. He was full surgeon from 1838 to 1861, and died suddenly in the hospital where he had been at-

tending an operation, May 24, 1862. A ward in the hospital bears his name, and his bust is in the fine library of the school. He published "Illustrations of the effects of disease and injury of the bones" and "A treatise on diseases of the bones" (1849), a manual of anatomy (1818), "An account of the mode of performing the Lateral operation of Lithotomy" (1829), and an Hunterian oration (1839). He greatly enlarged the Museum of St. Bartholomew's Hospital and made a systematic catalogue of the specimens.

The Battle of Trafalgar took place in the year of foundation of our Society so that it seems appropriate to quote from his "Treatise on diseases of the bones" Stanley's account of the results of a wound received in that famous sea fight:—

"Phagedenic Ulcer in the Tibia.—In the year 1805, at the Battle of Trafalgar, a sailor received a blow on the front of his leg. Ulceration of the soft parts ensued. The ulcer healed but there remained a constant aching in the bone. Several years afterwards, ulceration recurred in the same parts, and it then extended into the tibia. In the year 1818, he was admitted into St. Bartholomew's Hospital, with a wide and deep ulcerated hollow in the front of his leg. The surface of this hollow was formed by large and hard granulations, from which a profuse thin and foetid discharge constantly issued. The limb was amputated, and, on examining it, I found that four inches of the tibia, in nearly its whole thickness, had been removed by ulceration, and that the remaining portion of the shaft of the bone was much thickened and indurated.

"Phagedenic Ulcer in the Tibia.—A man, seventy years of age, was admitted into St. Bartholomew's Hospital, under the care of Mr. Earle. He stated, that ten years

previously he began to suffer severe pains in his limbs, which were considered rheumatic, and that soon afterwards, the bones of his legs, thighs, and arms began to enlarge; that two years previously he received a blow on the front of the left leg, which was followed by abscess and ulceration in the soft parts, extending through the periosteum and deeply into the substance of the bone. From these diseased processes, the limb had been the source of such constant suffering that he solicited its removal. On examining the limb, I found the shaft of the tibia enormously enlarged, and indurated throughout, with a deep chasm in its lower and front part, occasioned by the ulceration of the thickened bone. Above and below this chasm, the medullary tube was closed for some way by osseous deposit: but beyond this, the tube was free, and the medulla within healthy. The inter-osseous ligament was ossified throughout, and the fibula was much increased in thickness.

“Seven weeks after the amputation, the man died suddenly, and, on examining his body, an ulcer was found in the stomach, penetrating its coats, through which its contents had escaped. The tibia of the opposite limb, both thigh bones, and all the long bones of the upper limbs were greatly enlarged and indurated.

“The peculiar ulceration of bone described in the foregoing cases, is analogous to certain examples of ulceration in the skin and subjacent soft tissues, spreading widely and deeply, and presenting such peculiarities of character, that it is often regarded as carcinoma to us.”

It was Abernethy who encouraged Stanley in the study of morbid anatomy, and that Stanley was grateful to his teacher throughout life is shown in his Hunterian oration of 1849:—

“To have hesitated, gentlemen, in appearing before you

on this occasion, would have been to do no honour to the memory of my earliest instructor in surgery, for I was the pupil of Mr. Abernethy,—one of those who listened with delight through a long series of years, to his animated expositions of the doctrines of John Hunter. Rightly has it been observed, that many are able to reach the summit of a science, who are not capable of leading others to it ; that there is often more difficulty in descending to teach, than in persisting to rise. How effectually did Mr. Abernethy master this difficulty was warmly acknowledged, on the various occasions of his appearance in the theatre of this college. Gratitude, and respect to his memory are justly due for the excellence of his instructions, enlivening, as he did, the driest details of his subject, communicating to others the enthusiasm for surgery which he so strongly felt. An old pupil presenting his first publication, intimated that with whatever zeal he had studied surgery, was a consequence of the enthusiasm derived from the attendance on his lectures. Mr. Abernethy, with his usual readiness of reply, simply reminded him, ‘that it required only a spark to excite the blaze of the largest fire.’ Through his advocacy of the doctrines of Hunter, Mr. Abernethy reached the highest excellence as a teacher, inculcating the study of surgery as a noble occupation, and the practice of it with honourable and benevolent feelings.”

XX.—1845.

DR. WILLIAM FREDERICK CHAMBERS was born in India in 1786. He was eldest son of William Chambers, of the East India Company’s service. He was educated at Westminster School and Trinity College, Cambridge, where he took his degree in 1808 and became M.D. in

1818. In 1816 he became physician to St. George's Hospital, and was elected a fellow of the College of Physicians in 1819. From 1836 to 1850 he had a larger practice than any other physician of the time in London. He is said by Dr. Munk to have left sixty-seven quarto volumes of manuscript of four hundred pages each of notes of cases but printed no works. His portrait is to be seen at St. George's Hospital. He died at his country house near Lymington in Hampshire, December 17, 1855.

XXI.—1847.

JAMES MONCRIEFF ARNOTT was born in Fifeshire in 1794, and after education at Edinburgh became a member of the College of Surgeons in 1817. He was President of that College in 1850, and in 1859 he was surgeon to the Middlesex Hospital. After twenty years retirement he died in 1885.

In our Transactions he published eight papers, six on the operative treatment of difficult cases, one on the secondary effects of inflammation of the veins and one on an osseous interine tumour. In his Hunterian oration (1843) he gave an admirable account of the discoveries of Sir Charles Bell:—

“There remains to Bell clearly and unequivocally the merit of having first shown—

“That in investigating the functions of the nervous system, we must direct our attention to the roots and not to the trunks of the nerves.

“That the nervous trunks conveying motion and sensation, consist of two distinct sets of filaments in the same sheath.

“That the filaments for motion form a distinct root from those of sensation, and that the anterior roots are for

motion ; leaving it to be inferred that the posterior are for sensation.

“ That the portio dura is a nerve of motion, and the fifth a nerve both of motion and sensation.

“ And lastly, of having been the first who, dissatisfied with the observation and study of the mere form of the various parts of the nervous system, applied the method of experiment to aid him in determining their functions.

“ In a word, there belongs to Bell the great discovery, the greatest in the physiology of the nervous system for twenty centuries, that distinct portions of that system are appropriated to the exercise of different functions.

“ Valuable practical precepts were immediately deduced from these discoveries, and at once applied by Sir Charles Bell and Mr. John Shaw. Perhaps the most important was the distinction of a local paralytic affection from that which depends on disease of the brain. I shall not detain you with cases of this kind, which, since the introduction of this new principle in the recognition and diagnosis of nervous diseases, have been accumulated in the records of medicine. The doctrine, however, and the consequences which ignorance of it occasioned, are well illustrated by a remarkable anecdote in a work where we should not be apt to look for physiological instruction, I mean Grimm’s *Correspondence* ; and as the story is little known, I will take the liberty of narrating it :—

“ A physician in Paris, on paying his visit one day, found an Abbé playing at cards in his patient’s chamber. Struck by the unfavourable aspect of the Abbé’s face he informed him that he had not a moment to lose, but must be carried home instantly. The Abbé, overpowered with terror, was taken to his lodgings, where, for several days he was bled, cupped and purged, till he was brought to the brink of the grave ; yet his face still bore the appearance which had

so much alarmed the physician. The brother of the patient at length arrived from a distant part of France, and asked what was the matter with his unfortunate relation. 'Don't you see,' said the bystanders, 'his mouth is all on one side?' 'Alas!' he replied, 'my poor brother has had his mouth on one side these forty years.'

"Such cases will, in future, present no difficulty even to the beginner, and we recognise at once in Charles Bell the great characteristic of genius, that of giving the clearness of certainty to what before was either utterly unknown or but obscurely suspected.

"Supposing, however, that this were the sole practical lesson as yet deduced from Sir Charles Bell's discoveries, it would be unjust to measure their merit by this alone. Independently of the direct instruction to be derived from them, they have brought physiologists into the true path; and should the thick veil which nature has thrown over the operations of the nervous system be once drawn up, it will ever be remembered that Charles Bell first constructed the machinery for raising it."

XXII.—1849.

DR. THOMAS ADDISON, whose name is known in the world of medicine in relation to the peculiar pigmentation of the skin which accompanies certain morbid changes in the supra-renal capsules, was of a Cumbrian yeoman stock, and was born at Long Benton in Northumberland in 1793. He graduated M.D. at Edinburgh in 1815, and was admitted a Licentiate of the College of Physicians in 1819. He was appointed assistant physician to Guy's Hospital in 1824, Lecturer on *Materia Medica* in 1827, and Physician in 1837. At the same time he became the colleague of Dr. Richard Bright as lecturer on medicine, and in 1838

was elected a Fellow of the Royal College of Physicians. He demonstrated in papers in our Transactions that the air cells and not the interstitial tissues of the lungs are the seat of disease in pneumonia.

In 1855 he published a quarto volume with illustrations "On the constitutional and local effects of disease of the supra-renal capsules." Trousseau, with that generous desire to honour scientific discovery which is characteristic of the learned men of France, gave Addison's name to the disease in one of his famous clinical lectures (*Clinique Médicale*, vol. iii., 533. Paris, 1865).

The Biographical History of Guy's Hospital says that during his lifetime Addison's writings "contributed little to the reputation which he then enjoyed. This, which was very great, was entirely owing to the personal influence which he exerted on his pupils and others who came in contact with him." He died at Brighton, June 29, 1860. A bust of him by Towne, which is described as an admirable likeness by those who knew Addison, is in the Museum of Guy's Hospital. Some passages from his treatise on supra-renal disease show his clinical acumen :—

"The leading and characteristic features of the morbid state to which I would direct attention are, anæmia, general langour and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of colour in the skin, occurring in connection with a diseased condition of the 'supra-renal capsules.'

"As has been observed in other forms of anæmic disease this singular disorder usually commences in such a manner that the individual has considerable difficulty in assigning the number of weeks, or even months, that have elapsed since he first experienced indications of failing health and strength; the rapidity, however, with which the morbid change takes place varies in different instances.

“In some cases that rapidity is very great, a few weeks proving sufficient to break up the powers of the constitution, or even to destroy life, the result, I believe, being determined by the extent, and by the more or less speedy development of the organic lesion.

“The patient, in most of the cases I have seen, has been observed gradually to fall off in general health ; he becomes languid and weak, indisposed to either bodily or mental exertion ; the appetite is impaired or entirely lost ; the whites of the eyes become pearly ; the pulse small and feeble, or perhaps somewhat large, but excessively soft and compressible ; the body wastes, without, however, presenting the dry and shrivelled skin and extreme emaciation usually attendant on protracted malignant disease ; slight pain or uneasiness is from time to time referred to in the region of the stomach, and there is occasionally actual vomiting, which in one instance was both urgent and distressing ; and it is by no means uncommon for the patient to manifest indications of disturbed cerebral circulation.

“Notwithstanding these unequivocal signs of feeble circulation, anæmia and general prostration, neither the most diligent inquiry nor the most careful physical examination tend to throw the slightest gleam of light upon the precise nature of the patient’s malady ; nor do we succeed in fixing upon any special lesion as the cause of this gradual and extraordinary constitutional change.

“We may, indeed, suspect some malignant or strumous disease—we may be led to inquire into the condition of the so-called blood-making organs—but we discover no proof of organic change anywhere—no enlargement of spleen, thyroid, thymus, or lymphatic glands—no evidence of renal disease, of purpura, of previous exhausting diarrhoea, or ague, or any long-continued exposure to mias-

matic influences; but with a more or less manifestation of the symptoms already enumerated we discover a most remarkable and, so far as I know, characteristic discoloration taking place in the skin—sufficiently marked, indeed, as generally to have attracted the attention of the patient himself or of the patient's friends."

XXIII.—1851.

JOSEPH HODGSON was born in 1788 at Birmingham, where his father was a merchant. After education at King Edward VI.'s School in his native town, he became a student of St. Bartholomew's and a member of the College of Surgeons in 1811. He practised in the city of London till 1819, and then returned to Birmingham, where for thirty years he had a large surgical practice and was like his contemporaries, Travers and Lawrence, distinguished as an operator on the eye. In 1849 he returned to London, and in 1864 was elected President of the Royal College of Surgeons. He died in February, 1869.

He wrote a "Treatise on the Diseases of Arteries and Veins" (London, 1815) which was translated into German (1817) and into French (1819). It is dedicated to the Master, Governors, and Court of Assistants of the Royal College of Surgeons in London, and is an enlargement of an essay which obtained the Jacksonian prize. It has four parts: I, on the diseases of arteries in general; II, on aneurism; III, on wounded arteries; IV, on the diseases of veins.

It is interesting to observe how little attention had been paid at that time to the appearances of valvular disease of the heart. "A peculiar fungus sometimes grows from the semilunar valves of the aorta," says Hodgson, and adds "This condition of the semilunar valves of the aorta is not very frequent, and a similar growth has been observed

to take place from those of the pulmonary artery and from the mitral and tricuspid valves." His account of the effect of the pressure of an aneurism on bone is illustrative of the state of knowledge at the time:—

"When an aneurismal sac invades the structure of a bone, the latter appears curious and corroded. This circumstance has been variously explained. Some of the older pathologists contended that the blood possessed a solvent power over bone, which was chemically dissolved when it came in contact with that fluid. Others have attributed it entirely to the attrition of the circulating blood. Hunter and Scarpa imputed it to the absorption of the bony matter from the pressure of the sac, which undoubtedly is sufficient to produce the effect, and constantly excites absorption of the soft parts in the vicinity of the tumour. The removal of the periosteum, which generally precedes the destruction of the bones, may also in some degree account for this circumstance. The vessels which supply the earthy matter being removed, the formation of bone does not continue, and that which remains presents a rough and curious appearance. Absorption however is unquestionably the principal agent in the production of this effect, for it is impossible by any other process to account for the irregularity with which the destruction of the bones takes place, and which gives to them the curious appearance. Aneurism sometimes produce excavations in bones which are still covered with membranes. In such instances the bone is not divested of the source of its nutrition, and the blood is not in contact with its substance. Absorption therefore from pressure can alone have effected its removal."

XXIV.—1853.

DR. JAMES COPLAND was perhaps the most voluminous writer among our presidents. He was born in the Orkney Islands in 1791, went to a private school at Lerwick and studied at the University of Edinburgh where he graduated M.D. in 1815. Copland gave thirty years of his life to the composition of the "Dictionary of Practical Medicine," of which part i. appeared in 1832 and the last part in 1858. He wrote much in the "Quarterly Journal of Foreign Medicine," and from 1822 to 1827 was editor of the "London Medical Repository," in which he also wrote many articles. He then planned an "Encyclopædic Dictionary of the Medical Sciences," in which he was to be assisted by Dr. Robley Dunglisson, afterwards the most copious medical writer of the United States. The scheme fell through, and in the end Copland wrote his Dictionary without aid from any colleague.

He annotated Richerand's "Physiology" (1824), and wrote "Pestilential Cholera" (1832), "On the Causes, Nature and Treatment of Palsy and Apoplexy" (1850), and "The Forms, Complications, Causes, Prevention and Treatment of Consumption and Bronchitis, comprising also the Causes and Prevention of Scrofula" (1861). He was elected a fellow of the College of Physicians in 1837 and held many offices in the College. He died at Kilburn in 1870.

"Description of Pestilential Cholera.—(1) Numerous attempts have been made by writers on the present destructive pestilence, to show that it is essentially the same disease with that form of cholera which has appeared at various times in warm climates. After the best attention I can give to the subject—from the history of the present malady furnished us by the very numerous authors.

who have closely observed its phenomena—and from an extensive experience of those varieties of cholera which occur in this country during warm seasons, and in the more unhealthy localities in intertropical countries, I am entirely convinced that the pestilence which has ravaged the East, and is gradually extending itself over Europe, is not only distinct from all visitations of the disease to which the name Cholera has been attached, and with which the history of medicine has made us acquainted, but is altogether a new disease, one totally unknown to medical science previously to the year 1817, when it first made its direful irruption in Jessore, a populous and unhealthy city in the centre of the Delta of the Ganges.”

XXV.—1855.

CÆSAR HENRY HAWKINS, surgeon to St. George's Hospital, was born at Bisley in Gloucestershire. His father was vicar of that parish, and was son of Sir Cæsar Hawkins, sergeant-surgeon to King George II. and King George III. and the great-grandson of Colonel Cæsar Hawkins who was in the service of King Charles I. One of the brothers of our President became Provost of Oriel and another physician to the Middlesex Hospital. He received his school education at Christ's Hospital and his medical education at St. George's Hospital, at the Windmill Street School, and at other private schools of medicine. He was a pro-sector at the Windmill Street School, worked with Sir Charles Bell there, and was afterwards the survivor of the staff of the school which William Hunter founded. When the originality of Bell's great discovery was attacked Hawkins successfully maintained the priority of Bell's conclusions as to the functions of the nerves. At the final dissolution of the school he gave half of its museum

to St. George's Hospital. From 1829 to 1861 he was surgeon to that hospital, was President of the Royal College of Surgeons in 1852 and 1861, and President of the Pathological Society in 1849. In 1862 he was appointed sergeant-surgeon to the Queen, being the fourth of his family who had held that office under the house of Hanover. He died July 20, 1884.

Hawkins reprinted his numerous papers in two volumes in 1874, and it would be greatly to the advantage of subsequent students who endeavour to ascertain the work done by their predecessors if every eminent member of our profession who lived to enjoy old age were to devote part of it to such a collection.

The volumes of Hawkins contain nine hundred closely printed pages of observations and lectures, and are striking proofs of the continuous industry of his life. His clinical lectures are simple and lucid. A passage in "Clinical remarks on injury and disease of cervical vertebræ," delivered May 25, 1847, is a good example:—

"Here, then, the patient seems clearly to have been admitted with a disease of the intervertebral substances, not the result of an accident, but arising either spontaneously, or (and this brings us back to the commencement of the case) in connection with the following circumstances.—He first presented himself at the hospital on January 19th, and was admitted into Cholmondely ward: he then stated that 'three weeks ago he swallowed a fragment of mutton bone, which had remained in his throat ever since. A probang was passed the day after the accident, by a surgeon in the country, without any benefit: at the end of a fortnight, a probang was again passed. Previous to this time he had swallowed fluids only, but after the second passing of the probang, he could swallow small pieces of fat, and other soft food. For the first fortnight the pain was very severe,

but is now less so, and is chiefly referred to a spot just above the sternum; he has much expectoration; and has lost flesh lately.'

"Bougies and forceps of different sizes were passed two days after his admission, and an imperfect sensation felt as of the bone just above the sternum; but the bougie passed beyond the part nearly to the stomach; mucus and a little blood came away on the instruments. This pain and distress were all referred to one spot, which was tender, across the neck, close to the sternum; tenderness and pain were nearly equal on both sides of the trachea, but perhaps more on the right, where the sensation above mentioned was experienced. There was also slight fulness in the same part, but scarcely, if at all, greater on the right side than on the left: a mustard poultice was ordered to the tender spot.

"In this case you see there was a history of a bone having lodged in the œsophagus, and remaining there for a space of three weeks. Now, a man who has, or believes he has, a foreign body in his œsophagus, will present, in any case, a subject for anxious consideration; and, in the first place, the question arises, whether the sharp irregular bone, in passing down into the stomach, might not have produced some degree of laceration, and so the consequent inflammation give rise to a sensation at that part, the same as if the foreign body were still alive there; this is not an unfrequent occurrence, and the application of leeches and a poultice, succeeded perhaps by mustard poultices, or a blister, may be required to prevent ulceration, and the formation of abscess by the side of the œsophagus. But three weeks is a longer time than you would expect these effects to remain, unless something more than a mere bruising or laceration had taken place. I need not tell you that, in by far the greater number of cases, a foreign body, once in

the œsophagus, will pass into the stomach. There naturally exists some degree of constriction about the situation of the cricoid cartilage, the ring of which being perfect, renders the œsophagus capable of a less degree of dilatation; but if the body has once passed this, there is nothing in the tube itself to prevent its generally passing into the stomach. In consequence of the source of fallacy from laceration I before alluded to, and of the improbability of a substance remaining impacted so low down, no operation can be thought of unless there is positive evidence that it really is there, and only gentle and judicious attempts must be made to push down or extract the body supposed to be lodged, lest such attempts themselves occasion further mischief. Any foreign body will generally pass on, but still cases may occur attended with much risk and danger. Here is a piece of bone which lodged in the œsophageal canal. Ulceration took place, and an abscess formed, which, bursting into the mediastinum, produced inflammation of both pleuræ, and terminated in death. The patient, indeed, was a quadruped, but the same thing happens also in human patients. Very nearly at the same time Smith was admitted, there was a patient in the Middlesex Hospital, in whose œsophagus a foreign body had lodged, and the question of propriety of performing œsophagotomy was considered. There was not thought to be sufficient certainty of its presence to warrant the operation, and the patient died from exactly the same cause as the dog from whom this preparation was taken."

XXVI.—1857.

SIR CHARLES LOCOCK, Bart., was son of Henry Locock, M.D., and was born at Northampton in 1799. He resided as a pupil in the house of Sir Benjamin Brodie and gradu-

ated M.D. at Edinburgh in 1821. Dr. Gooch, whose ill-health compelled him to give up work, helped Locock to midwifery practice and he soon attained success. He lectured (1834-5) on midwifery at St. Bartholomew's Hospital, and in 1836 he was elected a fellow of the Royal College of Physicians. As first physician accoucheur to Queen Victoria he was in attendance at the birth of all her children, and in 1857 was given a baronetcy. He was one of the earliest advocates of the use of bromide of potassium in epilepsy. He died July 23, 1875. In the "Library of Medicine" (1840), edited by Dr. Alexander Tweedie, he wrote the articles on Infantile gastric remittent fever, and on Puerperal fever.

The term infantile gastric remittent fever is no longer in common use, but it is easy to recognise the disease he describes:—

"1. *Symptoms of the acute form.*—It is not in earliest infancy that this disease is most commonly met with—indeed, many have denied its existence in children during the period of lactation. It is most frequent from the age of two to six, but preserves its peculiar character up to the age of puberty, though the older the child grows, the less marked are those peculiarities of type. In the *acute* form, the symptoms often come on very suddenly. The child perhaps goes to bed apparently as well as usual, and in an hour is found with a burning skin, a flushed countenance, and injected eye, and a very rapid pulse, varying perhaps from 120 to 160. There is intense thirst, with a dry tongue, which soon becomes coated and covered with a thick white fur; the child is restless and wide awake, often delirious, but able to answer questions or do as directed. If old enough, the child often complains of pain in the head and sometimes in the abdomen, the parietes of which are generally more hot than any other part of

the body ; indeed, the feet are often cool or cold. There is occasionally sickness and vomiting of sour and offensive, or of greenish or yellow fluid. If the proper remedies be used, in a few hours the skin becomes cool, perspiration breaks out, the tongue is found to be moist, the pulse softer and more quiet, the child falls into a deep and refreshing sleep, and on awakening appears nearly as well as the day before."

XXVII.—1859.

FREDERIC CARPENTER SKEY, surgeon to St. Bartholomew's Hospital, was the son of a Russia merchant in London, and was born in 1798 at Upton-on-Severn. After some brief studies at Edinburgh and in Paris he came to St. Bartholomew's Hospital as a pupil of Abernethy, and became a member of the Royal College of Surgeons in 1822. In 1827 he was appointed assistant surgeon and in 1854 surgeon to St. Bartholomew's, and was elected President of the Royal College of Surgeons in 1863. He died August 15, 1872.

The influence of Abernethy's views is to be discovered in his writings. His treatise on Hysteria, like some of the writings of Lawrence, Brodie and Solly, shows that the surgeons of the first half of the eighteenth century were often concerned in the treatment of cases which would at the present day be considered rather medical than surgical. His lectures "On the prevalent treatment of disease" (1853) are an interesting series of cases which show that Skey had by direct experiment ascertained the value of open air and careful feeding in phthisis:—

"I cannot refrain from detailing the exact treatment I adopted in a case that came under my charge last

summer. A young lady, aged twenty-one, had the following symptoms:—From having been healthy and stout, she became greatly emaciated, lost appetite, strength, sleep. From having been accustomed to active exercise, she was unable to mount to her bedroom without sitting down on the stairs. Her weakness was extreme. Cough followed, night sweats, and two attacks of hæmoptysis. The blood discharged, however, was inconsiderable. The stethoscope detected disease of both lungs, interrupted breathing, bronchophony, dulness on percussion; the signs were more plainly marked on the right side, beneath the outer half of the clavicle. I had her carefully examined by a medical friend, far more experienced than I, in this department of practice; he confirmed my opinion, and added other not less unequivocal signs of disease which had escaped my observation. This occurred during the intensely hot weather of last July. I was most anxious to save the life of this poor girl, and yet I confess in all candour that I had no hope of her recovery from ordinary treatment. I thought if she must die, I might as well take the responsibility of her charge as consign her to the care of another, and I took her into my own house, some few miles out of town, in the neighbourhood of Hampstead, where my family was then residing. The cool air revived her, and she began to take food, though sparingly. While the weather was yet hot, I ordered her to take a cold bath every day. I gave her steel in the form of Schwalbach water, twice a day, to the amount of two-thirds of a quart bottle. Twice a day, two drachms of compound tincture of bark. Thrice in the day, a full dessert-spoonful of cod-liver oil. Every morning, a liniment of cantharides and turpentine to the upper part of the chest, alternately in front and on the back. She occupied a room without a curtain, and often slept with

the window slightly open. She ate meat three times in each day, and she drank three full glasses of sherry, during the remaining meals.

“Under this treatment her strength increased, and her general aspect greatly improved; she gradually acquired strength to take exercise, and walked for half an hour two or three times a day, till she eventually reached six miles per diem. She rode on horseback for one hour. When she first became an inmate of my house, her weight was 7 st. 6 lb. She was weighed every fortnight, and gained steadily 2 lb., notwithstanding her active exercise, to which indeed she now devoted the greater part of every day. In fourteen weeks she gained 11 lb. in weight. I ordered her to be incased in flannel down to the wrists and ancles as the weather became colder, and on the accession of the slightest sensation of chill, to take hot wine, or brandy and water. Her pulse fell from ninety-five to seventy-two. At the expiration of four months no morbid sound was audible.”

XXVIII.—1861.

DR. BENJAMIN GUY BABINGTON, the twenty-eighth president, was son of Dr. William Babington, the sixth president. There are many instances in the list of presidents, of pupils succeeding their teachers in the office. Thus Sir Astley Paston Cooper was the pupil of Henry Cline; Lawrence, Earle, Brodie, Skey and Burrows were taught by Abernethy; Paget, Hutchinson and Willett by Lawrence; Locock by Brodie, Solly by Travers. The presidency might seem to have been transmitted by marriage, for Dr. Richard Bright was son-in-law of Dr. William Babington; while Sir George Burrows was son-in-law of Abernethy and Mr. Alfred Willett son-in-law of Burrows; but Dr.

Benjamin Guy Babington is the sole instance of a son succeeding his father in the presidency. He was born in 1794, and received his school education at the Charterhouse. He then went into the Navy and served as midshipman in the battle of Copenhagen. Leaving the Navy he went to Haileybury, and thence in 1812 into the East India Company's service in Madras. He mastered Tamil, and published in 1822 a translation into English of the Tamil grammar of C. J. Beschius; but finding the climate of India injurious he decided to make medicine his profession and returned to Europe, studied at Guy's Hospital, graduated M.B. at Pembroke College, Cambridge, in 1825, and M.D. in 1830. He was elected a fellow of the Royal College of Physicians in 1831. In "Some considerations with respect to the blood" (*Transactions*, xvi.) he proposed the term "*liquor sanguinis*," which has ever since continued in use. He was interested in the history of medicine, and translated Hecker's "*Epidemics of the Middle Ages*." In 1837 he became assistant physician and in 1840 physician to Guy's Hospital, where he held office till 1855. He was the first president of the Epidemiological Society, a position for which his study of the history of epidemics and the large knowledge of Cholera which he had acquired in India eminently fitted him. He invented in 1829 a "*glottiscope*," an oblong mirror for obtaining a reflection of the epiglottis and larynx, which Hodgkin called in a lecture "*the speculum laryngis or laryngiscope*, invented by my friend Dr. Babington in 1829".¹

After a life of continuous and varied intellectual exertion, he died April 8, 1866. Babington wrote an excel-

¹ Wilks and Bettany, "*History of Guy's Hospital*." London, 1892, p. 236.

lent "Report on the Cholera which visited Her Majesty's Black Sea Fleet in the autumn of 1854," based upon the answers to questions addressed to the medical officers of the fleet.

"The most striking fact it (the Report) contains is, in my opinion, the great disproportion between the liability to cholera of the officers and that of the men under their command. Out of 884 officers in the Black Sea on board the ships mentioned in this report, there were but five who took the disease, and of these one was a gunner and one a boatswain, whose habits, probably, assimilated more to that of foremast men than of officers of the quarter-deck. This gives a proportion of 1 to 177: while in the case of the men who, exclusive of officers, amounted to 11,488, there were 705 attacks, or 1 in about 16.29.

"In the Baltic, where there were in the seven ships, from which we have reports, 183 officers, there was not a single case of cholera among them; while among the men, who, exclusive of officers, amounted to 1841, there were 49 attacks, or 1 in 37.57.

"Now, if we assume the exciting cause to have been in both classes the same, or nearly the same (and whether we look to atmospheric influence or an emanation from the bodies of the men, we can scarcely refuse to admit this, since all were living almost promiscuously in the same vessel), we are forced to attribute the difference chiefly to the predisposing and, in a great measure, preventable causes, and thence to coincide with those who recommend as prophylactics, cleanliness, ventilation, good clothing, and diet (fresh provisions), temperance, moderation in exertion and amusement. Whether the spirit drinking of the men may predispose to the disease, more than the wine drinking of the officers, is a question worthy of

further investigation. There ought to be some discoverable cause for so vast a difference."

XXIX.—1863.

RICHARD PARTRIDGE, surgeon to King's College Hospital, was seventh son of Samuel Partridge of Ross in Herefordshire, and was born in 1805. He studied at St. Bartholomew's Hospital and became a member of the Royal College of Surgeons in 1827 and was elected its president in 1866. In 1831 he was appointed the first demonstrator of anatomy at King's College. "It was at this time," says a writer¹ who was his contemporary, "that Mr. Partridge distinguished himself by his detection of the murder of an Italian boy whose body was brought to the dissecting-room of King's College by the notorious coadjutors of Burke and Hare, of Edinburgh—Bishop, Williams, and Shield. On inspection of the body, Mr. Partridge suspected some foul play had been practised. . . . The body of the unfortunate Italian boy, Carlo Ferarri, on the arrest of the murderers, was removed to the watch-house of St. Paul's, Covent-Garden—a miserable little building situated between the portico of the church of St. Paul's and the corner of Henrietta Street, long since taken down. The writer of this sketch was present at the post-mortem examination, and he has a vivid recollection of the circumstances attending it. The day was hot and sultry; the room in which the body lay, small and close. There were present—Mr. Herbert Mayo, Mr. Partridge (a very young-looking man, with a florid complexion, light hair, and somewhat of an effeminate appearance), Mr. Geo. Beaman, and Mr. John Witherfield, who attended as the surgeons of the parish. I was there as

¹ "Medical Times and Gazette," March 29, 1832.

representative of Mr. Charles Snitch, the surgeon of the F Division of Police, and Mr. D. Edwards as assistant to Mr. Beaman. The teeth of the murdered boy had been removed, and sold to a dentist in Newington Causeway. The post-mortem examination was made by Mr. Beaman an accomplished anatomist, who had been shortly before connected with the celebrated school of the Graingers in Webb Street in the Borough. The examination of the internal organs having been made, and no signs of injury detected, Mr. Mayo, who had an impediment in his speech, stuttered out, 'By Jove! this boy died a natural death.' Mr. Beaman, however, suggested that the examination must be carried further, and proceeded to examine the spine. The upper cervical vertebræ were found to be fractured, and Mr. Mayo immediately exclaimed, 'By Jove! this boy was murdered.' Evidence on this point was forthcoming at the trial at the Old Bailey. It appeared that the mode by which the murderers effected their object was to fracture the spines of their victims and then plunge them headforemost into a butt of water. It is due to Professor Partridge to state that by his skill and experience he put a stop to the infamous system of 'burking' living bodies for the purposes of dissection after they had been murdered."

From 1836 to 1840 Partridge was on the surgical staff of Charing Cross Hospital, and from 1840 to 1870 he was surgeon to King's College Hospital. He was appointed professor of anatomy at the Royal Academy. In 1862 he was sent to Spezzia to treat Garibaldi for a bullet wound of the right ankle but failed to discover the bullet, the presence of which the ingenuity of Nélaton afterwards demonstrated. The Röntgen rays now enable much less skilful anatomists than Partridge to be certain on such points.

Partridge died March 25, 1873. His portrait is preserved in the collection of the Society.

He himself had considerable artistic talent, which is apparent at the present day in a second generation, for the design of the table-card for the centenary dinner of the Society is from the pencil of Mr. Bernard Partridge, his son, whose cartoons in "Punch" so happily express the political situations of our own time.

XXX.—1865.

SIR JAMES ALDERSON, son of Dr. John Alderson, a doctor of medicine, was born at Hull in 1794. He received his academical education at Pembroke College, Cambridge, went out as sixth wrangler in 1822 and was elected a fellow. In 1829 he graduated M.D. at Oxford, and was elected a fellow of the Royal College of Physicians of London in 1830. For about twenty years he practised as a physician in Hull, and thence in 1850 migrated to London where he lived in Berkeley Square. In 1851, on the foundation of St. Mary's Hospital, he became one of its physicians and held office till 1867 when he was elected president of the Royal College of Physicians. He was knighted in 1869 and appointed physician extraordinary to the Queen in 1874. He died in 1882.

His account of the "Pathology and treatment of Acute Rheumatism" (1853) contains remarks on treatment interesting as being perhaps the last passage of the old controversy on the danger of administering cinchona bark, and generally as giving a view of the then prevalent opinions on the treatment of the disease:—

"The fact is, the beneficial action of bark is, in the early stage of rheumatism, most questionable: my own opinion is that it is only when bleeding, used with judg-

ment, has prepared the way, or when the maximum point is passed, that any real advantage can be derived, while a certain degree of doubt or actual danger attends its earlier use.

“Though the alkaloid colchicia has never yet been analyzed, colchicum is known to be one of those poisonous vegetables from which these essential principles are extracted. It has been too favourite a remedy to permit us to omit to notice it, nor can we deny that it has the property of acting directly upon the diseased state of the blood.

“The degree of benefit which has been derived from it is a fact coincident with our view of the disease, for, acting as a violent irritant of the mucous membrane, it draws from the blood, in the form of secretion, its richer constituents.

“The effects, however, are so variable in different constitutions, and its properties so diverse in different preparations depending on casual circumstances, that its action lies too much beyond the power of calculation to make it a very safe or desirable remedy.

“I am disposed to attribute some of the sudden cures ascribed to colchicum to the circumstance that the local affection usually disappears after a brief space, with or without the application of any remedy, by the self-relieving process, which has been the foundation of nearly all our remarks. This relief, which is certain to happen, is almost certain, from its suddenness and completeness, to be attributed, by the patient at least, to the last-taken medicine.”

XXXI.—1867.

SAMUEL SOLLY, son of a Baltic merchant, was born in 1805 in that eastern part of the city of London known as

St. Mary Axe, and died in Savile Row in 1871. His bust is preserved at St. Thomas's Hospital. He became an apprentice of Benjamin Travers, then surgeon to St. Thomas's Hospital, and was qualified to practice in 1828. In 1841 he was appointed assistant surgeon, and in 1853 surgeon to St. Thomas's Hospital. He lectured there on anatomy and physiology and on surgery. He painted in water-colours, and some of his pictures were exhibited at the Royal Academy. He published "The Human Brain" (1836), a work on human and comparative anatomy; "Surgical Experiences" (1865) and various memoirs and papers.

He was interested in nervous diseases, and an example of his practice is given by him in his "Human Brain," second edition, 1847:—

"Early in the year 1845, when the railway mania was at its height, I was requested to visit a gentleman at an hotel in the City, who was quite insane. When I entered the room he immediately ordered, in a loud, authoritative tone, his attendant to leave the room. He looked at me to know if he was to do so, and as I was quite sure that I should be of little service if I did not obtain the confidence of my patient, I immediately assented. My patient, who was a fine tall muscular man, was lying on the sofa; he now rose and asked me what I wanted. I told him that I came to prescribe for him, as I understood that he was not well. He then asked me if I was a physician or a surgeon. On my informing him that I was the latter, he said 'Very well, that will do, they are not humbugs generally.' He then said, 'But I want no medical advice, I never was better in my life,' and began talking incessantly, telling me he had made an enormous fortune in railways, and how the Almighty had enabled him to do so. His conversation was rambling, incorrect,

and founded on the most absurd delusions. His head was hot, and his face flushed, and he had had no sleep for several nights. I learned that he had first shown decided mental derangement only a few days previous to my visit. Morphia had been administered in large doses, but without the slightest effect. He was always worse at night. I ordered forty leeches to the forehead, fomentations to promote bleeding, and afterwards cold lotions; five grains of calomel with rhubarb and jalap, and a second draught in the morning. I found him more tranquil the next day, having had about an hour's sleep. I repeated the leeches and the calomel. On the third day he was so rational and quiet that he accompanied me in my own carriage, the attendant riding on the box, to a cottage in the neighbourhood of the Regent's Park. Here I pursued the same plan of treatment, leeching the head freely, but always first persuading him that they were necessary for his recovery. Each night he got a little more sleep, though it was slow in returning. About the fifth night he slept quite naturally and without a grain of opium in any form. I gave two grains of grey powder, with a grain of aconite, three times a day. He took a great deal of exercise, and recovered perfectly in a fortnight from the date of my first visit.

“If a different course of treatment had been pursued in the case, I have very little doubt he would have been rendered a confirmed lunatic. If, for instance, the straight waistcoat had been applied at night when he was noisy and riotous, instead of being soothed and talked to kindly, or if he had been confined in one of the old-fashioned insane establishments with barred windows and bolted doors, the disease would have been confirmed, and the brain most probably irremediably injured. Harsh treatment to a lunatic produces as much mischief to his in-

flamed brain as the jolting of a waggon without springs would to a compound fracture of the leg."

XXXII.—1869.

SIR GEORGE BURROWS, Bart., was the son of Dr. George Man Burrows, a fellow of the Royal College of Physicians, and was born in Bloomsbury Square, London, November 28, 1801.

After education at a private school he attended in 1819 the lectures of Abernethy at St. Bartholomew's Hospital, and in 1820 entered at Caius College, Cambridge. He was tenth wrangler in the mathematical tripos of 1825 in which Challis, afterwards Plumian Professor of Astronomy, was senior wrangler. Burrows was elected a fellow of Caius and became mathematical lecturer there, and was a senior and contemporary in that society of Sir George Paget, who became Regius Professor of Physic at Cambridge, and was his successor as President of the General Medical Council. Burrows graduated M.B. in 1826 and M.D. in 1831, and improved his medical knowledge in Italy, France and Germany. In 1832 he was elected a fellow of the Royal College of Physicians. Assistant physicians had from time to time been appointed at St. Bartholomew's Hospital from the time of Queen Elizabeth, but no regular succession of those officers had existed till Burrows was appointed in 1834. He became physician in 1841 and held office till 1863. At St. Bartholomew's and in the College of Physicians he was profoundly trusted, and his advice on professional conduct often sought. Of his professional writings he himself attached most importance to his book "On disorders of the Cerebral circulation and on the connexion between affection of the brain and diseases of the heart" (London, 1846), which includes his investiga-

tions as to the effects of varying conditions of pressure on the cerebral circulation.

In his portrait by Knight, which hangs in the great hall of St. Bartholomew's Hospital, a prepared brain is placed at his side in allusion to this work. He married a daughter of John Abernethy, our ninth president, and his daughter married Mr. Alfred Willett, our forty-ninth president. Burrows was president of the Royal College of Physicians from 1871 to 1875. He died at his house, 18 Cavendish Square, on December 12, 1887. The last paragraph of his chief work is of historical interest as illustrating the difference of practice between 1846 and 1905 :—

“In all cases of pericarditis, excepting in patients affected with tubercular disease of the lungs, or in the very anæmic and cachectic, I employ mercurial preparations as freely as in acute inflammations of other parts. An ingenious writer has affirmed that the employment of this mineral in the treatment of rheumatic affections of the heart is based upon a false analogy between these specific and idiopathic inflammations of similar parts. I must confess, that, to my comprehension, the analogies between rheumatic and other inflammations of the pericardium or endocardium are sufficiently close to justify the employment of so powerful a combination as calomel combined with opium, to reduce the inflammatory actions. My experience fully confirms the propriety of employing this combination. I believe my method of prescribing these drugs does not differ from that in common use among physicians of the present day. I administer a few large doses of calomel, varying from five to ten grains, combined with a grain of opium, and then continue half the dose of the same combination at moderate intervals, until the urgent symptoms abate, or the mouth becomes distinctly affected by the mercury. I sometimes, although rarely,

order mercurial inunction, together with the internal administration of the calomel."

XXXIII.—1871.

THOMAS BLIZARD CURLING was born in 1811, and was nephew of Sir William Blizard, surgeon to the London Hospital. At twenty-one he became a member of the College of Surgeons, and at twenty-two was appointed on the surgical staff of the London Hospital. He resigned the post of surgeon in 1869 and in 1873 became President of the Royal College of Surgeons. Thirteen papers by him appear in the transactions of the Society. The subject of one at least, "Ulceration of the duodenum in cases of burn," still excites discussion.

Besides a Jacksonian prize essay on Tetanus (1836) his chief works were a "Practical Treatise on Diseases of the Testis" (1843), which went through a second (1855) and a third edition (1866), and was translated into French (1857) and into Chinese (1874): and "Observations on Diseases of the Rectum" (1851), of which a fresh edition appeared in every decade up to 1876.

These works indicate the parts of surgical practice in which he was most often consulted.

His argument on the relation of burns to duodenal ulcers is perhaps the passage in his works most often mentioned at the present day:—

"In the preceding observations, the origin of the mischief in the intestine may be traced from the period of the injury to the skin, and referred to acute inflammation, ending in ulceration of a defined portion of the mucous membrane of the duodenum, proceeding rapidly to perforation, exposing the pancreas, and sometimes laying open the branches of the hepatic artery passing between this

gland and the intestine, and sometimes opening a communication with the serous cavity of the abdomen, producing peritonitis, and thus causing death. It has been noticed by authors, that in cases of extensive burn, patients often appear to be going on well, the constitution seeming to bear up against its destructive effects, when the powers suddenly give way, and the patient rapidly sinks. In many of these cases, if inquiry had been made, it would very probably have been found that the unfavourable change had resulted from the occurrence of hæmorrhage or perforation from an ulcer in the duodenum."

XXXIV.—1873.

DR. CHARLES JAMES BLASIUS WILLIAMS was the president by whom I was admitted into the Society, and as he shook hands with me I regarded him with interest and respect as a man who had learned auscultation from Laennec himself.

Williams was born in Wiltshire in the Hungerford Alms-house, of which his father, a clergyman, was Warden. He was born in 1805, and like the late Marquis of Salisbury, on February 3rd, the Feast of St. Blaise, the bishop to whom he owed his last Christian name. It is an example of the care with which historians should draw inferences without full investigation that Williams' father, who might have been supposed a New Whig from giving his son the two Christian names of Fox, the chief man of that party in 1805, was in fact a Tory and had no such intention. St. Blaise was even in recent years commemorated in a septennial procession at Bradford, in Yorkshire, as the mediæval patron of woolcombers and woolstaplers, yet the father of Williams had no connexion with these occupations and none with Bradford. Williams entered the University of

Edinburgh in 1820, and there graduated M.D. in 1824. In 1825 he attended Laennec's clinique at La Charité, and has left an interesting account of that great teacher in "Memoirs of Life and Work," published in 1884 :—

"After due consideration, I resolved to make the hospital of La Charité and the clinique of Laennec, the chief field of my work. His visit was from ten to twelve in the forenoon, giving ample time for the examination of patients, and the demonstration of the signs of auscultation to the students. M. Laennec at the bedside always spoke in Latin, to avoid alarming the patients by the description of their maladies; and also for the benefit of many foreigners attending the clinique, who might not understand French. The visit was terminated by a clinical lecture in French; unless there was a *post-mortem* examination, which he superintended, with the safeguard of a long pair of forceps in his hand, and the free use of chloride of lime in the room. He was always fearful of infection, and was not aware that he was already consumptive. He died of phthisis little more than a year after. Yet although very thin, and sometimes becoming exhausted with long exertion, his vivacity and quickness of perception and intelligence were unimpaired, and showed the integrity of those wonderful powers of observation and reflection, by which he had become the discoverer of a new system and a new art.

"We counted ourselves fortunate in thus having the personal instructions of the great master, when most matured by the latest observations and practice. It was surprising how little he was valued by French students. Those who attended his clinique were chiefly foreigners; and at his lectures on medicine at the College of France, there was only a sprinkling of his own countrymen. They are attracted more by the impetuous Broussais, who captivated them by a grand idea—a sweeping hypothesis, with-

out troubling them with the details of objective facts, or careful observation. Broussais generally ascribed diseases to inflammation; and his treatment lay chiefly in different modes of blood-letting and starvation. I soon found that Laennec had a bias, from his opposition of these views, to go to the other extreme, and deny the existence of inflammation, where it really exists. Andral took an eclectic view of the question; and guided by Laennec's auscultation (only without the stethoscope), compared with the investigations of pathological anatomy, succeeded in giving a more rational and complete view of the processes of disease, than had been attained by either Broussais or Laennec before him. It was my good fortune to be in a position to profit also by his labours, at the same time that I was attending the wards of Laennec."

Williams returned to London in 1827, and in 1828 published "*Rational Exposition of the Physical signs of the Diseases of the Lungs and Pleura*," dedicated to Sir Henry Hallford. In 1839, when Elliotson resigned, he became Professor of Medicine at University College, and in 1840 was elected a fellow of the College of Physicians. When the Pathological Society was founded in 1846, he was chosen its first president. He attained to large practice and was appointed physician extraordinary to the Queen. He died at Cannes March 24, 1889.

XXXV.—1875.

SIR JAMES PAGET, Bart., in his notes on his own career, acknowledges with gratitude the teaching of four presidents of this society—Earle, Lawrence, Stanley and Burrows, and he himself had an important influence in the education of two presidents, Mr. Jonathan Hutchinson and Mr. Alfred Willett.

The story of his life is set forth in his memoirs and

letters edited by his son, the present secretary of the Society. It is the history of a man who aimed at success and attained it, but whose affection for his work and untiring assiduity in it, whose anxiety to discharge to the utmost every public duty, and whose admirable life in the relations of home and friendship exalt his permanent reputation, so that had his life not been crowned by success, its history would still have deserved remembrance and excited admiration.

He was born at Great Yarmouth, where his father was a shipowner, on January 11, 1814, entered at St. Bartholomew's Hospital in 1834, and there was in succession Curator of the Museum (1836), Demonstrator of Morbid Anatomy (1839), Lecturer on General Anatomy and Physiology (1843), Warden of the College (1843-51), Assistant Surgeon (1847), and Surgeon in (1861). In 1871 he retired from the staff of the hospital, after thirty-seven years of unremitting toil.

From the time that he became surgeon to St. Bartholomew's till he retired altogether from practice, he was the chief man among surgeons, and his was the most trusted opinion in surgical questions. At the College of Surgeons, at this Society and the Royal Society, in the General Medical Council and at the International Congress of Medicine he discharged to the utmost every duty which belonged to his position.

Besides his example as a man he left behind him permanent additions to knowledge. In 1874 he described a form of disease of the breast which is named after him, and in 1876 discovered Osteitis deformans.

A delightful hospitality and a general kindness to his contemporaries and to those who were beginning the labours of a medical career, and indeed to every man he came across, must be added to the sum of the useful work of his life.

He lectured and spoke in public with a skill which always charmed his hearers, and if he sometimes seemed, when he described men after dinner,

A flattering painter who made it his care
To draw men as they ought to be, not as they are,

he was on more serious occasions the lucid exponent of principles based upon innumerable notes and precise observations. His whole audience attended to every sentence, and left the lecture room at the end feeling informed where they had been ignorant and illuminated where they had been in the dark.

He died December 30, 1899, honoured and beloved by a great multitude who had known him personally, and by the profession of medicine throughout which his name and his works were studied and admired. His power of clear description is well shown in his paper read before this Society on Osteitis deformans :—

“I hope it will be agreeable to the Society if I make known some of the results of a study of a rare disease of bones.

“The patient on whom I was able to study it was a gentleman of good family, whose parents and grandparents lived to old age with apparently sound health, and among whose relatives no disease was known to have prevailed. Especially, gout and rheumatism, I was told, were not known among them ; but one of his sisters died with chronic cancer of the breast.

“Till 1854, when he was forty-six years old, the patient had no sign of disease, either general or local. He was a tall, thin, well-formed man, father of healthy children, very active in both mind and body. He lived temperately, could digest, as he said, anything, and slept always soundly.

“At forty-six, from no assigned cause, unless it were that

he lived in a rather cold and damp place in the North of England, he began to be subject to aching pains in his thighs and legs. They were felt chiefly after active exercise, but were never severe; yet the limbs became less agile, or, as he called them, 'less serviceable,' and after about a year he noticed that his left shin was misshapen. His general health was, however, quite unaffected.

"I first saw this gentleman in 1856, when these things had been observed for about two years. Except that he was very grey and looked rather old for his age, he might have been considered as in perfect health. He walked with full strength and power, but somewhat stiffly. His left tibia, especially in its lower half, was broad, and felt nodular and uneven, as if not only itself but its periosteum and the integuments over it were thickened. In a much less degree similar changes could be felt in the lower half of the femur. This limb was occasionally but never severely painful, and there was no tenderness on pressure. Every function appeared well discharged, except that the urine showed rather frequent deposits of lithates. Regarding the case as one of chronic periostitis, I advised iodide of potassium and *Liquor Potassæ*; but they did no good.

"Three years later I saw the patient with Mr. Stanley. He was in the same good general health, but the left tibia had become larger, and had a well-marked anterior curve, as if lengthened, while its ends were held in place by their attachments to the unchanged fibula. The left femur also was now distinctly enlarged, and felt tuberos at the junction of its upper and middle thirds, and was arched forwards and outwards, so that he could not bring the left knee into contact with the right. There was also some appearance of widening of the left side of the pelvis, the nates on this side being flattened and lowered,

and the great trochanter projecting nearly half an inch further from the middle line. The left limb was about a quarter of an inch shorter than the right. The patient believed that the right side of his skull was enlarged, for his hat had become too tight; but the change was not clearly visible.

“Notwithstanding those progressive changes, the patient suffered very little; he had lived actively, walking, riding, and engaging in all the usual pursuits of a country gentleman, and except that his limb was clumsy, he might have been indifferent to it. He had taken various medicines, but none had done any good, and iodine in whatever form, had always done harm.

“In the next seventeen years of his life I rarely saw him, but the story of his disease, of which I often heard, may be briefly told and with few dates, for its progress was nearly uniform and very slow. The left femur and tibia became larger, heavier and somewhat more curved. Very slowly those of the right limb followed the same course till they gained very nearly the same size and shape. The limbs thus became nearly symmetrical in their deformity, the curving of the left being only a little more outward than that of the right. At the same time, or later, the knees became gradually bent, and, as if by rigidity of their fibrous tissues, lost much of their natural range and movement.

“The skull became gradually larger, so that nearly every year, for many years, his hat, and the helmet that he wore as a member of the Yeomanry Corps, needed to be enlarged. In 1844 he wore a shako measuring twenty-two and a half inside; in 1876 his hat measured twenty-seven and a quarter inches inside. . . . In its enlargement, however, the head retained its natural shape and, to the last, looked intellectual, though with some exaggeration.

“The spine very slowly became curved and almost rigid. The whole of the cervical vertebræ and the upper dorsal formed a strong posterior, not angular, curve; and an anterior curve, of similar shape, was formed by the lower dorsal and lumbar vertebræ. The length of the spine thus seemed lessened, and from a height of six feet one inch he sank to about five feet nine inches. At the same time the chest became contracted, narrow, flattened laterally, deep from before backwards, and the movements of the ribs and of the spine were lessened. There was no complete rigidity, as if by union of bones, but all the movements were very restrained, as if by shortening and rigidity of the fibrous connections of the vertebræ and ribs.

“The shape and habitual posture of the patient were thus made strange and peculiar. His head was advanced and lowered, so that the neck was very short, and the chin, when he held his head at ease, was more than an inch lower than the top of the sternum.

“The short narrow chest suddenly widened into a much shorter and broader abdomen, and the pelvis was wide and low. The arms appeared unnaturally long, and, though the shoulders were very high, the hands hung low down by the thighs and in front of them. Altogether, the attitude in standing looked simian, strangely in contrast with the large head and handsome features.”

Paget wrote many biographies and descriptions of men, and of these a passage on John Hunter is characteristic:—

“From the few records that we have of him it is clear that he was a rough and simple-mannered man, abrupt and plain in speech, warm-hearted and sometimes rashly generous, emotional and impetuous, quickly moved to tears of sympathy, quickly ablaze with anger and fierce words, never personally attractive, or seeming to have great mental powers, and always far too busy to think of

influencing those around him. He had few friends, he gained the personal regard of very few, and no one ever paid him the homage of mimicry. The vast influence which he exercised on surgery and surgeons was the outcome of the scientific mind."

Sir James Paget's portrait by Millais hangs in the Hall of St. Bartholomew's Hospital. He stands by a great slate in a lecture theatre intent on his subject as carefully arranged in his mind, and about to express it to an audience that will be interested from the first word to the last.

XXXVI.—1877.

DR. CHARLES WEST, born in London, August 8, 1816, was the son of a schoolmaster, and was educated in his father's school till he entered St. Bartholomew's Hospital as a student in 1833. He completed his medical studies at Bonn, Paris and Berlin, and graduated M.D. at Berlin in 1837. He next studied obstetrics in Dublin, and returned to practice in London, where in 1845 he was appointed lecturer on Midwifery in the Middlesex Hospital. He there gave in 1847 the lectures on the diseases of infancy and childhood which were published in 1848. The book was based on the elaborate French treatise of Rilliet and Barthez, and was far more complete than the useful "Treatise on the Disorders of Childhood" of Michael Underwood, which in its ten editions was from 1784 to 1846 the best book in English on the Diseases of Children. West's clear and easy style caused his book to be widely read, and excited greater interest in the subject than had existed before. Seven editions appeared as well as translations into several foreign languages.

The account of whooping-cough is a good example of the contents of the book :—

“An attack of hooping-cough usually begins with catarrh, and presents at first little or nothing to distinguish it from a common cold, except that sometimes the cough is attended almost from the outset with a peculiar ringing sound. By degrees the catarrhal symptoms abate, and the slight disturbance of the child's health altogether ceases, but nevertheless the cough continues; it grows louder, and lasts longer than before, and assumes something of a suffocative character, in all of which respects a tendency to exacerbation towards night becomes early apparent. As the cough grows severer, its peculiarities become more and more manifest; during each paroxysm the child turns red in the face, and its whole frame is shaken with the violence of the cough. Each fit of coughing is now made up of a number of short, hurried, expirations, so forcible, and succeeding each other with such rapidity, that the lungs are emptied to a great degree of air, and the child is brought by their continuance into a condition of impending suffocation. At length, the child draws breath with a loud, long, sonorous inspiration—the *hoop* from which the disease receives its name,—and the attack sometimes terminates. More often, however, the hoop is followed by but a momentary pause, and the hurried expiratory efforts begin again, and are again arrested by the loud inspiration; perhaps only to recommence, until, after the abundant expectoration of glairy mucus, or retching or actual vomiting, free inspiration takes place, and quiet breathing by degrees returns. If you listen to the chest during a fit of hooping-cough, you will hear no sound whatever in the lungs; but when the hoop occurs, you will once more perceive air entering, though not penetrating into the minuter bronchi. It is not till the fit is over, and respiration once more goes on quietly, that the air reaches the pulmonary cells again; but then you will hear vesicular

murmur as clear as if nothing ailed the child, or at most, interrupted only by a little rhonchus, or slight mucous râle. If the cough be severe, quiet breathing does not return, nor the vesicular breathing become audible, till some time after the paroxysm is over ; and occasionally, short and laborious breathing ushers in each fit of coughing. The child seems to have a presentiment of coming seizure, its face grows anxious, it looks up at its mother, and clings more closely to her ; or if old enough to run about, you may observe it, even before its breathing has become manifestly affected, throw down its playthings, and hasten to seize hold of a chair, or of some article of furniture, for support during the approaching fit of coughing."

West was appointed lecturer on midwifery at St. Bartholomew's Hospital in 1848, and held office for twelve years. He was elected a fellow of the College of Physicians in the same year. The substance of his lectures at St. Bartholomew's is contained in the "Lectures on Diseases of Women," published in 1856. On its foundation in 1852 he became senior physician to the Hospital for Sick Children in Great Ormond Street, of which he was one of the chief originators, and he retained the office for twenty-three years.

He died in Paris, March 19, 1898.

XXXVII.—1879.

JOHN ERIC ERICHSEN, president of the Royal College of Surgeons in 1880, was the son of a Danish banker, and was born at Copenhagen in 1818. He received his professional education at University College Hospital and was house surgeon there after he qualified as M.R.C.S. in 1839. In 1848 he became assistant surgeon to the hospital and in 1850 surgeon and professor of surgery. He was

appointed in 1877 the first inspector of vivisection. He published in 1853 "The Science and Art of Surgery," which went through ten editions and was for about forty years the chief standard text-book in surgery. He died in 1896.

A passage in his book "On Hospitalism" shows the state of surgery and of surgical opinion at the close of his life :—

"The 307 amputation cases that have occurred in my wards have all, I believe, without a single exception, been done by the flap operation. The patients have been subjected to various methods of treatment. In the early periods, up to twenty-five years ago, Liston—and I, acting afterwards on his precepts—generally treated amputation wounds by leaving the flaps open, with a piece of wet lint interposed, but otherwise fully exposed to the air for from four to six hours, until all oozing had ceased and the cut surfaces had become glazed. The flaps were then brought together, a strip of water-dressing laid along the edge of a wound, and an attempt made to procure union by adhesion. I afterwards employed different methods of treatment, generally bringing the flaps together immediately after the operation was completed, and dressing the stump in the operating theatre, sometimes washing the surface with a solution of chloride of zinc, with alcoholised water, or carbolised solutions. But whatever method of treatment was adopted, the mortality was, as nearly as possible, the same, ranging, as I have stated in the first lecture, from 23 to 25 per cent. ; in fact, it is quite certain that no influence whatever has been exercised on the result of my practice by any method of local treatment that has been adopted.

"Of the antiseptic treatment I can as yet say nothing positive ; it has been tried in some cases in my wards,

and with success, but not, as yet, in a sufficient number for me to come to any conclusion as to its utility in operation wounds. Of its great advantage in chronic abscesses I have seen enough to leave no doubt on my mind. Theoretically, 'the antiseptic method' is perfect. It fulfils all the requirements that can be desired in the management of a wound. It may be, and I believe it is, equally good in practice, but, as I have already said, this is a point yet to be determined. The essential points in the local treatment of any wound are, absolute rest, scrupulous attention to cleanliness, the absolute purity, so far as freedom from all decomposable organic matter is concerned, of everything that is brought into contact with it, be it air, or instruments, or dressings, or surgeon's fingers, and close personal supervision. In all these respects the antiseptic treatment of Lister, and Callender's method of managing stumps, leave nothing to be desired; and, if I were to venture an opinion upon a subject which is still *sub judice*, I should say that it is in this that their great merit in practice consists; and indeed, rest, cleanliness, isolation, and ventilation are the great points on which Callender lays, and justly, so much stress. But we have, as yet, to learn the real value of antiseptic methods of treatment; and this can only be done by the observation of a very extended series of cases in which these plans of treatment have been employed, and comparing the results thus obtained with an equally extensive set of cases treated by other methods under as nearly as possible the same conditions in the same hospital."

XXXVIII.—1881.

DR. ANDREW WHITE BARCLAY was born in 1817 at Dysart, in Scotland, was educated at the High School of

Edinburgh, and graduated M.D. in the University of Edinburgh in 1839. In 1843 he went to Cambridge and there took the degrees of M.B. in 1847 and of M.D. in 1852 as a member of Caius College. He was elected a fellow of the Royal College of Physicians in 1851, and in 1857 became assistant physician to St. George's Hospital. He was elected physician to that hospital in 1862 and held office till 1882. He lectured there first on *materia medica* and afterwards on medicine, and in the latter part of his life was medical officer of health for Chelsea. He died April 28, 1884. In the *Medico-Chirurgical Transactions* (vols. xxxi. and xxxv.) he published papers on valvular disease and in Holmes' "*System of Surgery*" articles on *Delirium Tremens* and on *Croup* and *Diphtheria*, at that period considered as similar but distinct diseases. A passage from his Harveian oration delivered in 1881 illustrates his turn of thought:—

"The clear perception of truth, the faculty to analyse and the power to grasp it in all its bearings, belong but to a few gifted individuals. Even to them, the cultivation of these talents is of the utmost importance; to the great majority of us, such education of mind is absolutely essential if we would arrive at truth. Almost all the mistakes into which men of pure and simple aim have fallen may be traced to the imperfect development of the logical faculty. Without it true theories and correct practice are equally impossible. Where was it, we may well ask, when in Paris half a century ago, patients were actually bled to death in rheumatic fever? Where is it now, in this enlightened country of ours, as we draw on towards the end of the nineteenth century, when we find the sustaining treatment in enteric fever pushed to such an extreme that the alimentary canal becomes over-loaded with undigested aliment, and the consequent tympanitic

distension of the bowel bursts the slender bonds, which have hitherto saved from rupture the thinned walls of a deep ulcer, and the patient from a fatal peritonitis? Alas! medical science is ever bending the knee to the idols of fashion and prejudice, forgetful of her high mission, to seek after and follow only the truth."

XXXIX.—1882.

JOHN MARSHALL was son of a solicitor at Ely, and was born there in 1819. He studied at University College, London, and became surgeon and professor of surgery there. In 1883 he was elected president of the Royal College of Surgeons, and in 1887 president of the General Medical Council. He was a man of extraordinary industry, dissected, wrote and lectured much, and filled up every interstice of his time by acting as an examiner and by meetings of societies and of innumerable committees in which he furthered many varieties of useful work.

In the *Philosophical Transactions* is published his paper "On the Development of the Great Veins, including an account of the remains of the primitive vessels and of a vestigial fold not previously described." This vestigial fold bears his name, and forms for Marshall a lasting memorial like the corpus of Julius Cæsar Arantius or the duct of Leonardus Botallus. He was one of the editors of "Quain's Anatomy" and in 1867 he published a physiology in two volumes.

He lectured on anatomy at the Royal Academy and published a large "Anatomy for Artists." He was associated with Sir George Young as one of the earliest and strongest supporters of the Association for establishing a teaching University for London, one of the forces which brought about the recent fortunate reconstitution of the University of London. The Royal College of Surgeons has his bust in marble.

He died in January, 1891.

The enthusiasm for human anatomy which he retained throughout life is shown in a passage of his "Anatomy for Artists":—

"In symmetry of construction and outward form, animals generally, being living machines intended for locomotive action, requiring the power of balancing and moving themselves upon or in the earth, on the surfaces of trees or plants, upon or in the water, or through the air, as the case may be, are, as a rule, quite upon an equality with man. So also they resemble him in exhibiting axial simplicity, serial repetition and manifold homologies, with contrasts, of parts. But, in refined proportions of length, breadth and depth, in the well-balanced ratios of different parts to each other and to the whole, in subtilty and grace of outline, in fulness of detail, in ever-varying undulations of surface, in richness of local modelling, in the exquisite hue and lustre of the skin, and in the peculiar capillary adornment of the head, the human form, when met with in perfection, whether in infancy, youth, manhood, womanhood or age, far transcends that of even the most elegant and beautiful of the mammalian group to which man himself belongs."

XL.—1884. 

SIR GEORGE JOHNSON, the fortieth president, was physician to King's College Hospital. He was born in 1818 at Goudhurst in Kent, studied medicine at King's College, London, and graduated M.D. in the London University in 1844 after obtaining many distinctions at his several examinations, both at his medical school and in the university. He became a fellow of the Royal College of Physicians in 1850. In 1856 he was

appointed physician to King's College Hospital and lectured in that school on *Materia Medica* and *Therapeutics* from 1857 to 1863, and on the *Principles and Practice of Medicine* from 1863 to 1876. His principal writings are those on Renal disease and on the Cholera, and both subjects involved him in active controversy. As regards Cholera he maintained that choleraic collapse was the result of extreme constriction of the pulmonary arterioles excited by the poisoned blood, and that the right treatment of the disease was by castor oil and not by opium. As regards the granular kidney Johnson pointed out that its capillaries were thickened as well as capillaries elsewhere in the arterial tract, and maintained that this thickening was an hypertrophy of their muscular coat due to persistent contraction, caused by a vaso-motor influence, itself excited by a poisonous substance in the blood, the result of imperfect excretion by the diseased kidney. These controversies moved Johnson profoundly, and he spoke of the castor oil treatment of cholera and the "stop-cock action" of the arterioles with a warmth resembling that of the political partizans of the days of passive obedience and non-resistance. In a manuscript note, published after his death, he says :—

"The most anxious period of my life was that in which I first entered upon the controversy as to the pathology and treatment of cholera after the epidemic of 1854. My friend Dr. Todd knew that I was preparing to publish particulars of the cases which I had treated by evacuants, together with my views as to the nature of choleraic collapse. He said to me, 'I believe that in the main you are right, but you will not convince the profession that you are, and in the attempt to do so you will suffer serious harm to your reputation and your prospects. I therefore advise you to publish no more on the subject.' I told

him that I could not act upon his advice, and that with a firm belief that I was right I would not shrink from contending for what I held to be true, however unpopular it might be. I have never regretted that I did not accept Dr. Todd's well-meant advice, for I am persuaded that the time will come when Sir Thomas Watson's judgment of my cholera theories and practice will be universally acknowledged to have been just."

Sir George Johnson died June 3, 1896.

His portrait was painted by Frank Holl and given to him by the staff and past and present students of King's College Hospital.

XLI.—1886.

GEORGE DAVID POLLOCK, surgeon to St. George's Hospital, was born in 1817, and was second son of a distinguished brigade major in the Bengal Artillery who afterwards became Field-Marshal Sir George Pollock, Bart. He was educated at St. George's Hospital where he was house-surgeon to Sir Benjamin Brodie, and in 1846 came on to the surgical staff. He held office at St. George's for thirty-six years, and died February 14, 1897. He was President of the Pathological Society as well as of our own. He improved the operation for cleft palate, and in Holmes' "System of Surgery," he wrote on injuries to the abdomen and on Diseases of the Mouth, Pharynx and Intestines. These articles are written in a clear and concise style, of which the conclusion of that on stricture of the Œsophagus is a good example:—

"Mr. Durham has made a happy suggestion in advocating the use of a flexible bougie, to be retained for some short time in the œsophagus in some forms of stricture. We have already alluded to a case under our own observation, in which the daily use of a catheter has been followed by great amelioration to health, and great com-

fort to the patient, and has now been uninterruptedly in use some five years. Such, however, could only have been the result in a simple, not a cancerous, stricture.

“As already stated, so it will be found in practice, that when, with severe stricture, maintenance of life depends on a small quantity of fluid food, loss of flesh and general deterioration become so rapid and complete, that a patient will die much sooner than may often be anticipated, with all his faculties clear to the end.

“Under such circumstances any operation may even prove too late. The patient may be too much reduced to be able to rally after its performance ; or too much exhausted to profit by the food supplied through the artificial opening ; or even it may be that in such a reduced condition sufficiently healthy lymph may not be thrown out so as to secure such adhesion of the opposed surfaces of stomach and external wound as is requisite for the success of the operation. In a case recently under the notice of the author, such a result followed the operation ; and when the sutures were removed, the adhesions were not sufficiently organised to maintain the parts in opposition.”

XLII.—1888.

SIR EDWARD HENRY SIEVEKING, physician to St. Mary's Hospital, was of North German descent, but was born in the quiet recess of the eastern part of the city of London which bears the name of the mother of Constantine, and which shut in by gates seems to retain to this day something of the character of the religious enclosure which once occupied its site. He received medical education at Berlin, Bonn, University College, London, and Edinburgh, at which university he graduated M.D. in 1841. He practised in Hamburg till 1847, and then be-

came a member of the Royal College of Physicians of London and assistant physician to St. Mary's Hospital, on the staff of which he continued for forty years. He translated Rokitansky's "Pathological Anatomy" and Romberg's "Nervous Diseases," and published in 1854 a "Pathological Anatomy" with Dr. Handfield Jones, and in 1858 a treatise on Epilepsy. Sir Edward Sieveking was knighted in 1886, and in 1888 was made Physician in Ordinary to Queen Victoria. He had before been Physician to the Prince of Wales, Physician Extraordinary to the Queen; on the accession of King Edward VII. he was appointed Physician Extraordinary to the King. He presented to the Society the badge which succeeding Presidents have worn.

It was owing to his exertions that the manuscript notes of Harvey's lectures of 1616 were published in autotype.

He died at his house in Manchester Square, February 24, 1904.

"No one can be more sensible of my inadequacy to fulfil the task which you, Sir, with too indulgent trust, have imposed upon me. But though I crave your merciful consideration for my effort, I cannot but admit that I owe you, Sir, a debt of gratitude for having imposed upon me what has indeed been a labour of love—that of again poring over Harvey's works and studying those of his contemporaries. Every page that I have read has only served to convince me, more and more, of the magnitude of the obligations that this College and all generations of medical men who have lived, or will live, after Harvey, are under to him. Would that I could hope to have added the smallest tribute worthy of so great and good a man to the many offerings that his grateful successors have paid to his memory. But, while conscious of my own unworthiness to dilate on so great a theme, I have no fear that, for want of better advocacy, the power of the Harveian spirit will

cease to prevail in English medicine, while so many illustrious workers as grace the present roll of the Royal College of Physicians are evidences of its continued influence.

"Though I may not have proved what none but future physicians may fitly endorse, I cling to the belief that in no period of the past has this College been so fully imbued with a consciousness of its high calling, and a desire adequately to fulfil its important duties, as in the present; and that the many labourers in the fields that Harvey cultivated justify a humble admirer of the many distinguished contemporaries, with which it is my honour to be acquainted, in designating the present age as especially deserving of the title of the Harveian era of medicine."

XLIV.—1892.

SIR ANDREW CLARK, Bart., was elected president in 1892 and died November 6, 1893, the only president who has died during his year of office. He was born in Scotland in 1825 and had no advantages of birth. His first occupation was that of serving-boy to Dr. Matthew Nimmo of Dundee, but in 1844 he became qualified to practice, and in 1846 entered the medical service of the Royal Navy. He worked at Haslar till 1853 when he left the Navy and became curator of the Museum at the London Hospital. In 1854 he was elected assistant physician to that hospital and was physician from 1866 to 1886.

He was elected a fellow of the Royal College of Physicians in 1858 and became its president, March 26, 1888.

He had probably the largest practice of any physician of his period, and was of so sympathetic a nature that every patient he saw felt that Clark was anxious for his improvement and recovery. No man ever worked harder at his

profession, and his short intervals of patients and official business were given to moral science and theology.

When the remains of Harvey were translated from a ruinous vault in the churchyard of Hempstead, Essex, into a white marble sarcophagus within the parish church by the College of Physicians, one of the present librarians of our Society travelled in the railway carriage to Saffron Walden with two presidents of the Royal Medical and Chirurgical Society. Clark took with him a volume of the abstruse sermons of Bishop Butler to read in the train, while the other president was noticed to be reading his own Harveian oration.

He presented the "Encyclopædia Britannica" to the Society, and was willing to pay no less than ten thousand pounds to help the pecuniary arrangements necessary on the removal from Berners Street to Hanover Square.

A bibliography of his medical writings, which are over one hundred in number, has been published by Professor Sheridan Delépine.

His portrait was painted by G. F. Watts, R.A., and by Frank Holl, R.A.

He died November 6, 1893, and his place as president was filled by Sir W. S. Church, the senior vice-president till March 1, 1894.

Sir Andrew Clark took an active part in all discussions at which he was present, and delighted in philosophical and theological conversation, always expressing his opinion with warmth but without bitterness.

In an address which he delivered to our Society on March 1st, 1893, he mentioned an address by Dr. Walter Hayle Walshe. Walshe had declared that physiology was of little service to pathology, and that no hypothesis can ever form an actual part of any science. Clark expressed a different opinion.

“With all its flow and glow of language, all its persuasive eloquence and all its brilliancy of setting, I regard this address as the most unsound that ever was penned by a distinguished man writing on his own subject. Unless I am hopelessly befogged, pathology *is* physiology, acting merely under altered conditions, and physiology is the only safe and true way to the right understanding of pathological actions and products. And, furthermore, when I consider the bold averment that no hypothesis can ever form an actual part of any science, I become filled with amazement, and fear that I have read, thought and reasoned in vain. Is not the application of the law of gravitation to the explanation of the physical phenomena of the universe an hypothesis? Is it not the biggest of all hypotheses? Does it not embrace infinity: and is it not confessedly inadequate to the solution of all the physical facts of the universe? Is it not merely the best attainable explanation; and may not even the law of gravitation itself be superseded to-morrow by a larger law which shall not be found anywhere at fault? Did not Newton discover many of the leading laws of optics from the adoption of his corpuscular theory of light? Did not Sadi Carnot deduce the law of thermic action still known by his name from an hypothesis respecting the nature of heat, now known to be erroneous? Does not the chemist represent the proportion of weight in which substances combine as atoms of definite weight, and the resulting compounds as definite groups of such atoms? Now this hypothetical coinage has been one of the most useful factors in the progress of chemistry, and yet the symbols are wholly inadequate representations of the facts, and the facts and the symbols are not one. Why, science is instinct with hypotheses; they surround, penetrate, determine, control, and guide it. Without

hypothesis science would neither live, move, nor have its being."

The president of 1890, XLIII., Mr. Timothy Holmes, sometime surgeon to St. George's Hospital, as well as the presidents since 1894, are happily able to aid in person the celebration of the centenary of the Society. They are :—

XLV.—1894: Mr. Jonathan Hutchinson, surgeon to the London Hospital.

XLVI.—1896: Dr. William Howship Dickinson, of Caius College, Cambridge, physician to St. George's Hospital.

XLVII.—1898: Mr. Thomas Bryant, surgeon to Guy's Hospital.

XLVIII.—1900: Dr. Frederick William Pavy, F.R.S., physician to Guy's Hospital.

XLIX.—1902: Mr. Alfred Willett, surgeon to St. Bartholomew's Hospital.

L.—1904: Sir Richard Douglas Powell, Bart., President of the Royal College of Physicians, under whose presidency the Society has attained its centenary.

